



This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

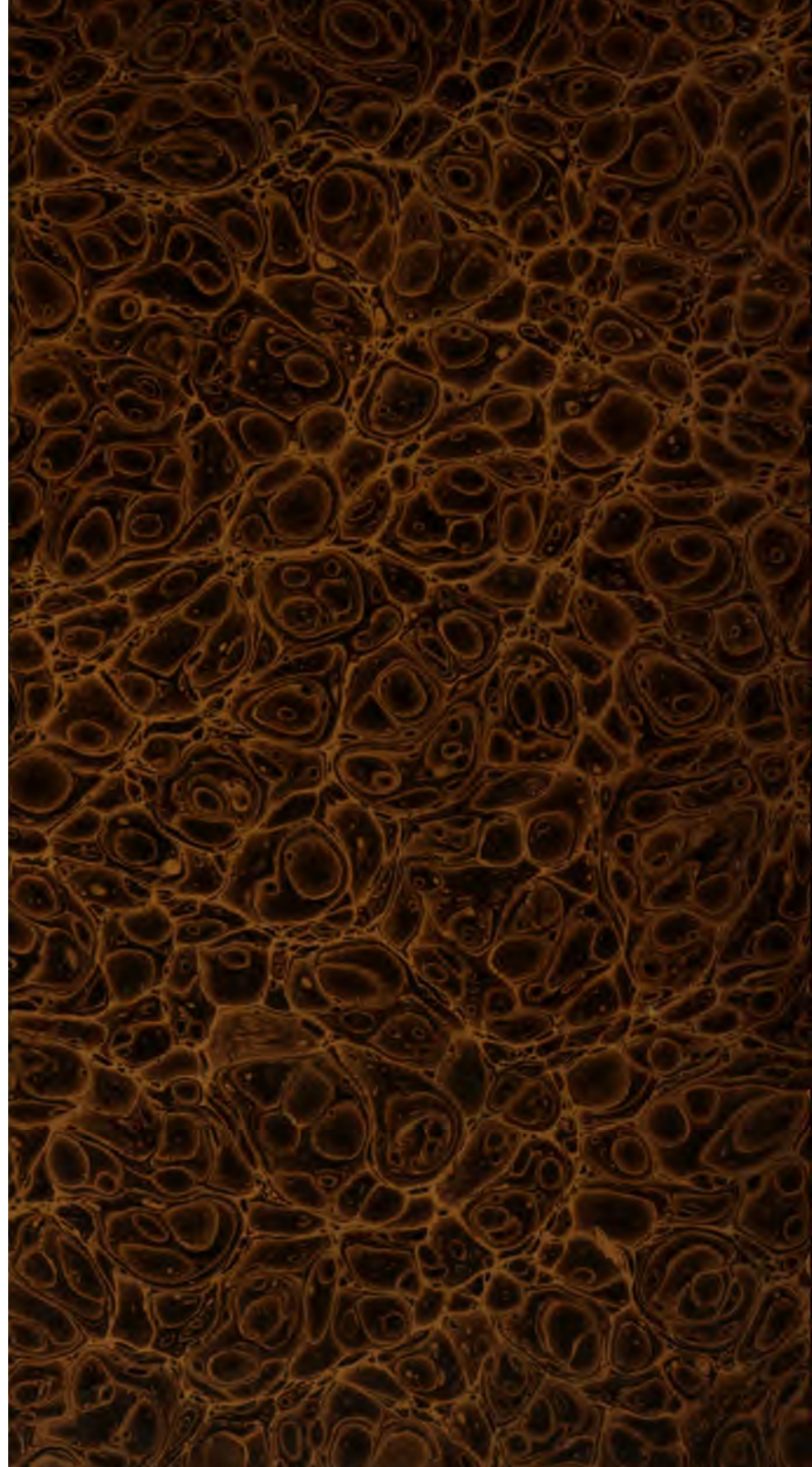
Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

- + *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.
- + *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.
- + *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.
- + *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at <http://books.google.com/>



BOSTON
MEDICAL LIBRARY
8 THE FENWAY





WHEN PAID IN ADVANCE. SINGLE COPIES, 10 CT

THE AMERICAN MEDICAL JOURNAL

ESTABLISHED MONTHLY IN THE INTEREST OF SCIENTIFIC MEDICINE AND SURGERY.

—EDITED BY—

MONT. M. HAMLIN, M. D.,
5909 LAWTON AVENUE, ST. LOUIS, MO.

VOL. XXXI.

JANUARY, 1903.

No. 1.

Entered as P. M., St. Louis, and admitted for transmission as second class matter.

For Table of Contents see Second Page of Cover.



Tuberculosis

and Wasting

Diseases

Hydroleine is a pancreatized, predigested cod-liver oil, of great value in cases where a predigested food-fat is demanded.

Patients gain weight on Hydroleine where

plain cod-liver oil passes through the lacteals unabsorbed.

Hydroleine checks the cough, increases the flow of bile, stimulates the general nutrition, creates an appetite and puts on weight.

Sold by druggists generally.

The CHARLES N. CRITTENTON CO., 115-117 Fulton St., New York

Sole Agents for the United States

CONTENTS.

ORIGINAL COMMUNICATIONS.

Harelip—By E. Younkin, M. D.,	1
The Anti-Vaccinators of Connecticut—By One Who Knows Them,	9
Electro-Therapeutics—By Geo. W. Moore, M. D.,	12
The Country Doctor—By Fred Phelps Stiles, M. D.,	14
Echinacea Angustifolia—By H. D. Quigg, M. D.,	17
The Allopathic ~~Office~~ Branch as Extended to The Eclectic School of Medicine—By G. Helbing, M. D.,	19
A Few Thoughts Which Have Occurred to a Superannuated Eclectic Physician of Texas—By M. W. Henry, M. D.	24
SOCIETY NOTES,	32
SELECTIONS,	33
EDITORIAL,	40-46
BOOK REVIEWS,	47-48



THE AMERICAN MEDICAL JOURNAL.

VOL. XXXI.

JANUARY, 1903.

No. 1.

ORIGINAL COMMUNICATIONS.

HARELIP.*

BY R. YOUNKIN, M. D.

This congenital defect is due to imperfect closure of the embryonic fissures of the fœtus. It has been the source of much sorrow to parents and has given rise to more thought and study upon the part of the surgeon than perhaps other problems of far greater importance. The mouth of the fœtus is formed between the twenty-fifth and twenty-eighth days of gestation. The frontal lobes become enlarged and divides into two smaller lobes called the incisive centres, and from these the incisive bones and middle portion of the upper lip are developed. The centres of the superior maxillæ form the lateral parts of the upper lip and as they develop they approach each other. At the fortieth day the incisive centres unite in the middle line and thus the upper jaw and lip are completed. If these centres are interrupted we have the defect known as harelip. One side only may become defective and this result is single harelip. When both sides are disturbed double harelip is the result.

The cause of this arrest of development is but little understood. In some instances it might be the result of in-

*Read before the Missouri Medical Society.

jury to the foetus, or shock to the mother. We are often confronted with the remarks of the mother or nurse, or hear related some frightful occurrence that took place while the mother received a severe shock or fright during the progress of foetal development. Whether maternal impression is capable of producing such a condition is still a question unsettled, but the hereditary predisposition is pretty well established and most commonly believed.

Sir William Ferguson and others have taken occasion to examine cases of harelip and the family history has shown partial fissures, slight notching, or complete clefts in one or the other of the parents, or progenitors. It is also a fact that cases of harelip are not infrequently associated with extra thumbs, fingers and toes, web-feet, club-feet, spina-bifida and the like.

Harelip is usually found on the upper lip, though it is sometimes situated upon the lower lip and may send its fissure through the lower jaw and tongue. Upon the upper lip the degrees of deformity are quite variable, from a slight notch to a split through the lip into the nostril, and from thence a cleft through the hard and soft palate down to the throat, or, the fissure may extend along the nose up to the eye or out through the cheek and involve the duct of Steno. It may be single, extending through one nostril, or double, extending through both nostrils, or its fissure may in some cases take the median line and thus destroy the nasal septum. Thus varying so much in its malformations, there can be but few fixed rules laid down for the guidance of the student or surgeon and hence the surgeon is left in the operative procedure of each individual case to exercise his mechanical skill in which, if an error is committed, he will be subjected to the severest criticism. It is an unfortunate thing for a novice to undertake to correct such a deformity—to cut away tissue and leave his subject in a worse condition than when he found it.

Now it is a singular fact that in the various kinds of harelip there is rarely any loss of tissue. This is found to be true by attempt at approximating the parts, temporarily. While there may be but little loss of tissue the endowment may be distributed quite irregularly. One side may be too thick and the other too thin. In some cases the child is feeble or perhaps cyanotic; the nutrition is defective, or there may be in the cyanotic condition a double current in the circulation due to a defect in the foramen ovale. There are cases of cyanosis however that have been cured at times by an operation for closure of the fissured lip, showing that the cyanotic condition is not always due to the heart valve.

Regarding the time of life for operating in harelip there is much difference of opinion. Some advising interference in early infancy and others preferring to wait until advanced childhood.

My own experience teaches that infancy is the best time. Here nature has the best opportunity to assist in correcting deformity and the parts are more pliable and if the osseous structure requires repair, the bones yield to a better advantage. A good time for the operation is when the child is about six or seven weeks old. I prefer to wait this long as younger than this the child at birth loses in weight and is not in as good condition as at this time. I prefer not to operate during the progress of teething, and especially if there be much difficulty in teething. The state of health of course must govern cases.

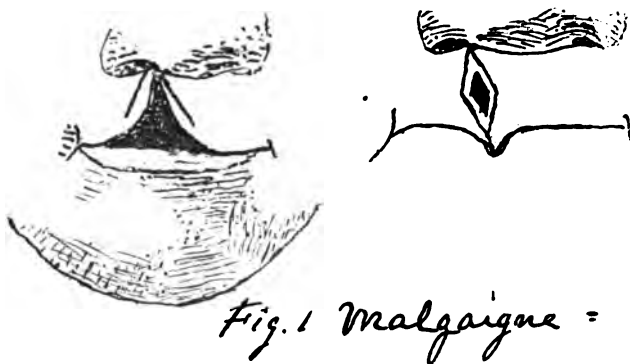
In the operative procedure, owing to the various degrees of deformity, there can be no fixed rules and each case must be of special consideration; but there are a few general principles which we propose to formulate for the guidance of operators. We should observe that we are operating to restore the symmetry of the lip and the union of the cleft parts, and the question arises in our mind how shall we cut to overcome tension, and to prevent notching of the lip?

These points will be answered more completely by illustrating with a few plates or drawings I have made and shall present to you. I think the following rules should be strictly observed:

1. In the freshening of the edges we should not cut away tissue to be thrown away, but should utilize every part so far as practicable.

2. It must ever be observed that the vermillion border of the lip should be well preserved, and when this border is wanting enough of it should be taken from the border of the fissure to restore this loss completely.

3. As a notch in the lip left after healing proves bad surgical skill, a careful consideration must be made in the



method of cutting in order to overcome this difficulty.

4. Be sure in all cases to loosen well the attachment of the lip to the alveolar process, so that the lip will be perfectly free to move in the direction it must go.

5. There must not only be freedom of the lip but there must be no tension to draw upon the sutures.

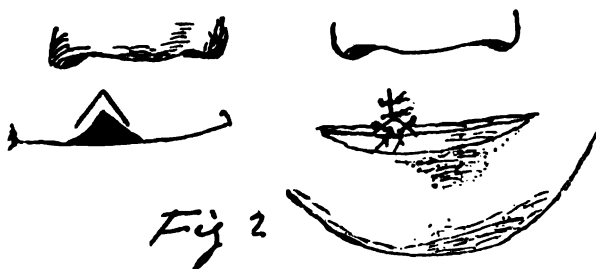
How to preserve tissue and utilize it; how to prevent notching of the lip; how to break the tension of tissue and get perfect symmetry of the lip are very important points, and should be well studied in each individual case. The oper-

ations and suggestions of well-known surgeons will aid us materially in the study of these subjects.

We first present Malgaigne's method for single harelip. Here the incision is commenced at the superior part of the lip, and the cut is from above downward, getting a little farther away from the edge of the fissure as the knife passes downward. The cut extends until it reaches say two-thirds the breadth of the lip, or the lowest point required by calculation. Here it stops. Thus a flap is made, its upper extremity free and its lower extremity attached. Both sides are treated in the same manner.

The flaps are now drawn down and brought face to face. The upper part of the gap is now approximated and the flaps are trimmed, if required, to conform to the plane of the lip. Thus they are sutured and the furrow so much to be dreaded is corrected.

A partial cleft is very readily corrected by either a trans-

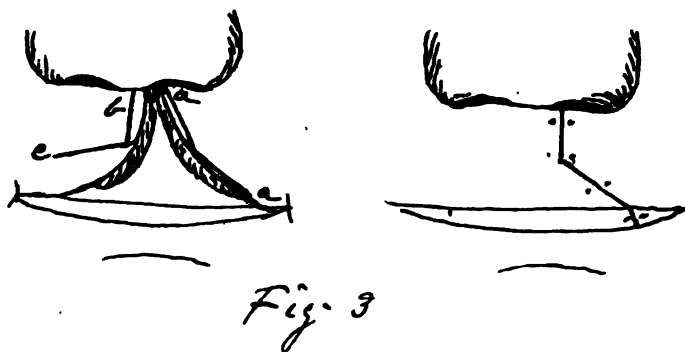


verse straight incision over the cleft, made of proper length, the which, when sutured will be converted into a horizontal incision, or an incision made in the form of an inverted v. (See Fig 2), over the cleft.

This admits the cleft to be drawn down to the proper plane of the lip and the vermilion border is preserved. The sutures can approximate the incision to a very neat method.

Fig 3 exemplifies an operation I have very frequently adopted.

I simply freshen the edges on the one side cutting away only enough to freshen well. Indeed I seldom throw away any of the parings but they are preserved to make the lip thick and to increase the depth. I make my incision along the edge of the fissure *a. a.* down through all the tissues of the lip except the mucous membrane. This incision follows the curve line along the fissure. The flap is left loose and is turned back. The opposite side is then treated in the following manner. The upper half or two-thirds of the fissure is freshened with a pair of scissors, *b.* Now with scissors I cut, beginning at the lower extremity of the pared edge and cut into the lip *c.*, downward and outward to a distance sufficient



to flap the curve on the opposite side, which flap when brought down forms the lip with its vermilion border. This when carefully done will leave no depression on the lip. The line of the closed fissure will then be curved as seen in the illustration. Whatever tension there may be can be remedied by a transverse incision on the flap just beneath the nose.

Double harelip is usually more complicated and requires a little more thought and skill to cover the parts successfully. Sedillot suggests a cheilo plastic operation. Fig 4. The central tubercle *c.* is converted into a v shaped

piece. Flaps *a. a.* are formed on each side and brought down to form the red margin of the lip and the raw surface of *b. b.* incisions are brought along side of the fresh margins of the central tubercle.

My plan has been usually to freshen well the edge of the fissure upon one side; the same as recommended in single harelip leaving the margin in the same curve in which I find it. I freshen the central tubercle and make it *v* shaped. I now freshen the other side along the margin two-thirds of the upper border. Then with scissors I cut inward and downward into the lip forming a flap which when brought down forms the border of the lip. To approximate the two sides I make an incision transversely along the



Fig 4 Sedillot

base of the nose which converts the two sides into flaps that can be pushed forward to the median line and secured. Instead of sacrificing the paring, split between the vermilion and true skin, leaving it connected on the mucous membrane which when turned in serves to strengthen the lip.

It must be remembered, however, that the correction of the deformed lip is not the only deformity in many cases. The teeth may project, the bony parts may be cleft; the ala nasi may be too broad, but we cannot treat of these now. There must be a perfect adaptation of the skin and mucous membrane and no vermilion should be left on the border of the incision.

In approximating the edges of harelip the old-fashioned silver pins are seldom used now. Silk-worm gut is the ideal

suture. The sutures should enter the skin about one fourth inch from the edge and should not pass through the mucous membrane but made to come out upon the freshened edge close to the mucous membrane. Place enough sutures to approximate the parts perfectly. Adjust the lip border first to get a perfect fit in the lip. A collodion dressing gives great satisfaction. Silk-worm gut sutures or even sterilized silk can be retained five or six days. Silver pins should be removed in from two to four days as a longer retention may promote sloughing and scarring.

The position of the infant at the time of operation is of much importance. If the child is strong I believe it is wise and safe to give an anæsthetic, though there is danger in the blood trickling into the lungs during anæsthesia which may be troublesome and somewhat dangerous. If no anæsthetic is used the struggles will cause a clearing of the throat. Having the child held by a good nurse or competent assistant is often the safest and easiest. The child may be wrapped in a blanket so as to secure the arms and body. If an anæsthetic is used, place the child on a firm narrow table around which the assistants can work and be out of the way of each other. Standing on the right side of the table, the operator proceeds to free or loosen the fissure. When this is thoroughly done the assistant is directed to grasp the left side of the fissure between the thumb and forefinger of the left hand and then with his right forefinger and thumb he holds the other side in the same manner. The surgeon now grasps the edge of the fissure, draws it firm and introducing a sharp pointed, narrow knife at the point of cleft nearest the nose and on which ever side seems best, he carries the knife from above downwards and removes the tissues sufficient to give a good freshened border for material contact. I often perform this with a good pair of sharp scissiors, but to save the pared edges the knife must be used. The old method of cutting out tissue in a curved manner to sink the lip to cor-

rect the notch in the lip should be condemned. Nature usually provides enough tissue in the cases of harelip to repair, if properly appropriated, but she leaves none to sacrifice and the surgeon must learn how to straighten out the entanglement.

THE ANTI-VACCINATORS OF CONNECTICUT.

BY ONE WHO KNOWS THEM.

After due consideration, there was formed at Hartford, on the seventh of November, 1902, "The Connecticut Anti-Compulsory Vaccination League." A preliminary organization had existed several months, till men could understand one another. Election was over, the time had come to put on the armor for a genuine battle of Armagendon, when the armies of heaven should attack the Beast in his lair and the False Prophet that dealt in bogus wonders.

The watchword of the League is expressive: "Compulsory Vaccination is a Crime?"

The avowed purpose is to oppose by every just and proper means the enactment of any law or laws to compel any person of any age to submit to be vaccinated, and to procure the repeal of any law or laws now on the Statutes of Connecticut compelling submission to the operation.

Last winter there were several small-pox scares in the State—very little small-pox but very much scare. It was not that the people were alarmed, for they were not. But the State and local Health officers who get their places and emoluments by fooling the people and lording over them, got up the scares, and the physicians in sympathy with them batten on the enforced diseasing of whomever they could. When it was sought to protect families from this violence it was found that the Secretary of the State Board of Health, a politician rather than a physician, had stealth-

ily procured an enactment which gave arbitrary power to Health officers for this very purpose. A little watchfulness would have prevented this; but it proved another example, that men were sleeping and their enemy took the opportunity to sow the tares.

Despite the fact of being muzzled and manacled, there was great opposition and it took form. In towns like Norwich, Waterbury, Nangatuck and Stratford, there were anti-vaccination societies formed. Such means of protection as were feasible were employed. In Waterbury, Dr. S. B. Munn published three numbers of *The Waterbury Anti-Vaccination*, and gave them a circulation of thousands, as the old Reform physicians used to do. He also put an advertisement in the newspapers offering a reward of \$100 to any one who would prove that vaccination ever had prevented or could prevent small-pox. He also challenged a discussion.

"I maintain and am prepared to prove," said his advertisement:

"First: That vaccination has no scientific basis.

"Second: That vaccination never did cure, nor can it prevent or mitigate a case of small-pox.

"Third: That vaccinators affirm that they do not know what small-pox is and that he did know what it is."

The challenge had no takers. Even the newspapers which at the behest of the doctors, declared and demonstrated, sneaked into the back-ground.

In Norwich, the protests of the people were slighted. Mr. W. R. Cowan, jr., took the matter up actively. An anti-vaccination society was formed with Dr. J. H. Allen as president, and vaccination was made an issue in the city election. The result was the election of a school-board by the anti-vaccinationists, and Dr. Allen proposes to carry the matter to Hartford at the coming session of the Legislature.

"We intend to fight this fight to a finish," says Mr. Cowan, "I am going to Hartford to stay and will be on the

scene when the battle takes place in the Legislature."

In Stratford the Rev. C. S. Bullock was among the foremost. "Where there is a State law enforcing vaccination," says he, "it exists in direct violation of the Constitution of the United States, and is therefore not a law, although passed with legal formalities. * * The laws do not contemplate that any man or child, by statutory or other enactment, be compelled to accept of medical treatment when in full health, or take into the system a loathsome preparation which is the exudation from an ulcerous sore.

* * An act to enforce vaccination, says Justice Wyatt, is not a police regulation."

The legal voters of Stratford took the matter directly into politics and elected a member of the Legislature pledged against the enforcing of vaccination.

The meeting at Hartford was made up of such men and it elected the following officers: President, Stephen B. Munn, M. D., of Waterbury; Vice-president, Edwin M. Ripley, M. D., of Unionville; Secretary, Rev. C. S. Bullock, of Stratford; Treasurer, L. W. Andersen, of Waterbury.

These officers, and a member from each auxiliary league constitute the Executive Committee. There are branch leagues in Hartford, New Britain, Waterbury, Stratford, Norwich, Putnam, Nangatuck, Unionville and Riverton, and the feeling is becoming general over the State. It will probably remain an issue till it is determined. Once Connecticut elected a Governor upon the pledge of supporting a repeal of the medical act, and it is preparing to repeat the experiment.

It has a State Board of Health, a partisan body; and statistics kept by it show that since its creation the death rate in the State has seriously increased—50 per cent. since 1850.

A convention will be held at Hartford while the Legislature is in session. "I am convinced," says Mr. F. K.

Perry, of Nangatuck, "that it will be largely attended; and we shall not stop, whether this effort before the Legislature succeeds or not. I do not think it will be very long until the pendulum swings to the other extreme and vaccination is not only not compulsory, but not permissible."

ELECTRO-THERAPEUTICS.

BY GEO. W. MOORE, M. D.

I am surprised that so few Eclectic physicians use electricity. I know it to be the broadest therapeutic agent we have, that it will restore some patients to health that with any other remedies we cannot aid in the least. One among the many is Bright's disease, erroneously considered by many to be a disease of the kidneys. I believe it to be a derangement of the central nervous system and this simple treatment in my hands, has so far never failed to remove all traces of albumen from the urine after the seventh treatment. I believe it to be a specific in these cases.

I am well aware that many will smile and look wise who read my reports (if they ever do) but my cases of Bright's disease that I treated a few years ago died by inches and the same kind of cases now improve after the first few treatments. The albumen disappears, the patient gains in weight, sleeps better, feels better and is better. Here is the treatment:

Place your patient on the platform of a good static machine, connect the positive pole by the means of the rod to the platform, draw the sliding poles about one to two inches apart, run the machine a good speed; treat 20 to 30 minutes each day for two weeks, then every other day for two to three weeks, then three times a week until patient is cured,

which is from two to three months from beginning of treatment.

Sub-normal temperature. Many patients come to us complaining of nervousness, sleeplessness, constipated, in a word, a genuine neurasthenic case, due perhaps to overwork or worry. In these cases give positive breeze fifteen to twenty minutes a day for ten days, perhaps some sparks to the spine and you will have accomplished more than can be done with drugs in months.

Now these are facts, positive facts. While electricity is not a cure all and wont do impossibilities, but in curable cases and in cases that we have learned how to administer it electricity is very positive in its results. In pain it is quicker than any drug excepting none and with no after effects. Is the best general tonic known. In rheumatism there is no remedy its equal. I have patients who have to be assisted upon the platform who step off in fifteen minutes without an ache or a pain. Now smile if you like but these are truths couched in plain English without any flourishing to make this article sound high-toned. I presume one reason that many physicians do not own a static machine is owing to the price; and right here let me say, buy a good one as a cheap static is like any other cheap article—no good for anything. Pay a good price and get the best and it will pay for itself the first three months and your practice will not only increase but the satisfaction the first few months will repay you for the price of the machine.

Here is some of the diseases I treat, Bright's disease, rheumatism, neuralgia, nervousness, skin diseases, coughs, pain of all kinds, carbuncles, falling of the hair, hepatic colic, as a stimulant to old people, and many others that might be mentioned.

Why students of our schools are not taught how to use this wonderful remedy I cannot understand as it certainly surpasses any one remedy we have.

THE COUNTRY DOCTOR.

FRED. PHELPS STILES, M. D., SPARTA, WIS.

Who would not be a country doctor?

Inasmuch as the country doctor belongs to a somewhat different order from the city genus, it is manifestly proper that his chronicle should be writ by one of him.

He is necessarily a somewhat busy man and consequently is sometimes as hard to find as a Spanish armada.

Some people, who live in walled cities and don't know, may question his usefulness. To such I would say,—Verily the country doctor is more essential to the welfare of society than is the French language to an American bill of fare.

He devoteth himself to the relief of the woes of his fellow man,—sometimes for a consideration.

He goeth forth in the gray of the morning full of energy and benevolence, and returneth in the gloaming full of Faith, Hope and Charity, (accent on Charity) and is greeted by his faithful wife with the announcement that Simon Peter-son's wife's mother, away over on the ridge, is sick of a fever; and by the heir to his bottles and uncollected accounts, with a demand for a half sheckel of silver with which to purchase "electric cycle oil." He eateth his supper, (for behold the country doctor eateth his dinner at noon, as did the patriarchs and prophets) he eateth his supper I say, in peace and promiseth to go out to Simon's later and giveth up his silver to his first born.

He toileth with ceaseless industry and taketh his pay in oats, eggs and evanescent gratitude, and giveth his old clothes to his hired man; for he knoweth how sharper than a serpent's tooth it is to have an ungrateful employer.

He weapeth with them that weep and he rejoiceth with them that rejoice and maketh no extra charge for twins. At home he drinketh milk with them that drink milk. and

abroad he drinketh ginger ale with them that drink gin, and his breath remaineth as frankincense and myrrh mingled with the attar of roses.

He knoweth the way of the specialist, yet is he not of them; and some of the "ectomies" and "otomies" reported, are to him as a tinkling cymbal and as sounding brass, and some alleged results even as a tale that is told, peradventure to the marines. God bless them. Yet, perchance, in the early morning he taketh out an eye or a tooth, and at mid-day repaireth the man who has been extracted from the hungry threshing machine, and at even-tide he fashioneth a splints with his jack-knife and in the silent watches of the night doeth a podalic version, and when he goeth home he leaveth them, like the ostriches on the midway, "all alive, yea every one alive."

Then as he rideth beneath the twinkling stars and beside the still running waters, while the night bird gently calls, his busy brain rattleth not loosely in its calvarium, for if he be for a time free from the burden of his responsibilities, he composeth reams of exquisite poetry, yet publisheth he no line thereof, and the teeming millions of the children of men pass on unheeding and never knowing what they have escaped.

Birds of a feather, as you know, are gregarious, and in order that he may mingle with his kind, he, once in each year, girdeth up his loins and betaketh him to the city, where he lendeth not his money to strangers and where, with consummate skill and grace, he dodgeth the wily trolley car, and while his wife bloweth in his sheckels, yea talents, at the bargain counter, and buyeth a four dollar gown for \$11.98, he sitteth at the feet of his erudite urban colleague and with bated breath, listeneth to his words of wisdom, and he seemeth to himself like a child playing on the sea shore, and picking up here and there a curious stone or pretty pebble, and while the boundless ocean of truth lieth undiscov-

ered before him; and he boweth his head in humility.

Then he riseth up and goeth home, and burneth yet more midnight oil, too often alas, in a "tubular lantern" on his dash-board.

He buyeth much books and searcheth them diligently for jewels of science, and refuseth to be comforted because no man maketh a really good index.

He liveth on terms of intimacy and friendship with his conscience, and loveth his neighbor as himself, yet tradeth he not horses with his patron, for he knoweth a horse from a haystack, and tradeth not for his health.

He tempereth his bills to the shorn lamb, said lamb having "coughed up" a goodly fleece when he went to the city to consult one of the magi.

And when the almond tree flourisheth in the sere and yellow leaf, and the grasshopper becometh a burden, he turneth his thoughts to other things and endeavoreth to raise the earliest tomatoes and biggest cucumbers in town, and when the untimely frost killeth them, he seeketh the seclusion which the wood shed grants, and sayeth with the preacher, "vanity of vanities, all is vanity."

And when the silver cord is loosened and the pitcher is broken at the fountain, and while the mourners go about the streets, he goeth to his long home, unhonored and unsung, where he wasteth no time in fruitless search for his city colleague, but is greeted by his erstwhile patients, and possibly some mistakes, and together they wonder down the stately corridors of the infinite, to the majestic music of the spheres.

Surely goodness and mercy shall follow him all the days of his life and he shall dwell in the house of the Lord forever.

To be a country doctor is to struggle manfully, alone add at the disadvantage against the world, the flesh and the unholy ptomaines of pathologic bacteria.

To have been a country doctor is, like virtue, its own reward.

Who would not be a country doctor?

—*The Chicago Medical Times.*

ECHINACEA ANGUSTIFOLIA.

BY H. D. QUIGG, M. D.

Echinacea Ang. it seems still has many ardent champions. It is a plant growing extensively in our western states.

Spec. Echinacea has a taste peculiar to itself and leaves a tingling in the mouth very similar to aconite, hence, doctors are at once reminded of the latter drug and notions of great power.

As a matter of fact the drug may be taken with impunity and so far as my investigations go the only effect it has on human physiology is its unpleasant after effects in the mouth and the doctor's high wrought imagination.

That severe diseases progress to recovery under its use is certainly no argument in its favor, as there were many, many recoveries recorded of severe disease of decided septic qualities, long before *echinacea* was ever heard of.

During the past three years I have used a considerable amount of *spec. echinacea*. I first tried it in an epidemic of spotted fever or more correctly cerebro-spinal meningitis. In twenty cases there were three recoveries—not a very brilliant victory for *echinacea*. I thought perhaps this was not the disease to try it in and the above record confirmed me in this belief.

The next class of diseases was typhoid in nature—some very severe cases. They recovered; and I might add that recovery had always been the rule in my practice.

The past summer we had an epidemic of typhoid fever of a very malignant form and it was very contagious, so much in fact that every case was traceable to contact with the disease. Out of fifteen cases five died, and died under heavy doses of *echinacea*; a teaspoonful was given every four hours. True, these cases were very bad ones, but it is in

this class of cases where the drug is so highly recommended, and in mild cases we would not think of giving it to our patients.

I am firmly convinced that typhoid fever cannot be aborted, cut short, or materially mitigated by any treatment at our command. I know there are cases where recovery takes place in two or three weeks, but the short duration of the fever is not the result of the treatment, as it occurs in the practice of all physicians who, of course, use treatment wholly unlike. What then is the reason for the long duration of the disease in one person, and the short in another? Simply this, the long continued cases are those in which there are more of the poisonous materials saturating the system, and the short cases those in which there is much less saturation of the system.

To return to the drug, *echinacea*; I have never seen a case in which I could see that the drug was of any value—except perhaps in sore throat—though I have given it in many cases. Conversely I have never seen any harm result from its administration, save its unpleasant taste.

My conclusions are, that the drug internally administered is absolutely inert. Its external use on mucous surfaces is attended with sensation already referred to, and has led to its use as an aphrodisiac. It is possessed of equal value, for this purpose, with *aconite*, and is far inferior to a mixture of vinegar and *tr. capsicum*. A blister made on the *corona glandis* by the aid of *cantharidial collodion* is the best application I know of for the purpose of causing an erection, except perhaps "*Tactus eruditus femininis*."

A true aphrodisiac for impotency in the male adult, is yet to be discovered, and the man who makes such a discovery may not only become fabulously rich, but will secure the blessings of countless thousands. If our medicines were all no more potent than *echinacea* I should say "Throw physic to the dogs I'll none of it."

THE ALLOPATHIC OLIVE BRANCH AS EXTENDED TO THE ECLECTIC SCHOOL OF MEDICINE.

BY G. HELBING, M. D., BONHAM, TEX.

In the Indian Territory they have medical laws for the protection of the dear people against the quacks. Following is the manner in which the law is being applied by Doctors W. P. Haly, Wilberton; J. B. Abel, Antlers, and Leroy Long, Caddo, I. T., who are the so-called board of examiners. Two members of this board are graduates of the Allopathic College at Louisville, Kentucky; Dr. Fisher also a graduate of the same college but who has renounced Allopathic faith and has come out as an Eclectic appeared before this Board, and although Dr. Fisher answered eighty per cent. of the questions submitted he was refused a certificate to practice in the Territory; then adding insult to injury they would not assign any reason for refusing a certificate to Dr. Fisher. Twice he has presented himself before that Board with the same result.

How clear shines Allopathic prejudice against Eclecticism, that controlled this Board in their decision of refusing a certificate to Dr. Fisher; and yet in the face of all this we are informed that the different schools of medicine are coming together that prejudice is growing less. Just give the old school an opportunity and they will show their real character as did this Board of Allopathic Fossils, whose legal existence is a question in my mind, and, if legal, then they ought to be deprived of the power and authority which, through professional prejudice and narrowness of mind, they are not capable to execute with justice to all concerned as they certainly have proven in the case of Dr. Fisher.

To my mind it is perfectly absurd to talk or, even think, of medical unity by the different schools, with the present

attitude of the old school; to such a union no self-respecting Eclectic could join and be true to himself or his teachings; for the essential qualification to become eligible is the demand that we drop the title Eclectic and be hereafter known as a physician; in other words we must renounce our allegiance to the only rational system of medicine in existence and, insult the very memory of those grand old pioneers of our school who labored long and earnestly to bring about a reformation evolving a system of medicine that has withstood the attacks of the allopathic school of persecutions, prosecutions and ostracism for more than fifty years demonstrating that "truth is mighty and will prevail." And while we are to-day reaping the benefit of the labors of those grand old reformers, let us not forget that they have likewise bequeathed to us the duty of carrying forward in perfecting and perpetuating the work which they so well begun. Let me ask you, my fellow Eclectics, are you ready to sell your medical birthright for a mess of Allopathic potage? For myself, I answer no—a thousand times no. Let us, while life shall last revere and hold sacred the memory and achievements of those who laid the foundation for our school of medicine. Upon the other hand what have we to gain by joining the Allopathic ranks, can they offer us something better than what we have? The very fact of them appropriating many of our old and tried remedies, claiming them as new discoveries of their own, while they purposely fail to credit our school with these new discoveries; at the same time they acknowledge, though, inadvertantly the superior and successful practice of the Eclectic school of medicine, in support of the above showing they have no faith in the practice of their own school. Permit me to quote a few confessions by some of their foremost and prominent members:

Dr. John Martin Honigberger in the early part of this century tells us that more individuals perish by the interfer-

ence of physicians than are saved by their assistance.

"The science of medicine is founded on conjecture, and improved by murder."—SIR ASTLEY COOPER.

"We have no rational therapeutics.—PROFESSOR VIRCHOW.

Wunderlich said to his pupils:

"Gentlemen, there is such a chaos in our therapeutics that we ought to be thankful for any good advice, whether it comes from an old woman, a shepherd, a blacksmith, or even a Homeopath."

But for choice reading of Allopathic literature let me quote to you an article from the "Weekly Medical Gazette" of Vienna.

"Building goes on briskly at the Therapeutic Tower of Babel; what one recommends another condemns; what one gives in large doses another scarce dares to prescribe in small doses; and what one vaunts as a novelty another thinks not worth rescuing from merited oblivion. All is confusion, contradiction, inconceivable chaos. Every country, every place, almost every doctor, have their own pet remedies, without which they imagine their patients can not be cured; and all this changes every year, aye every month."

In the face of these admissions and confessions how would you like to link your medical destiny to a school that sends up a wail like that. Some doctor will argue this way: Oh, I can be Allopathic, in name be popular, but practice Eclecticism. Yes, be a sort of a medical populist and in a short time you would occupy the same position in medicine as does the Populist in politics; you would be neither Allopathic nor Eclectic, only a sort of a freak, a medical misfit, and like your political prototype despised by all the schools of medicine.

This advocacy of union by the Allopaths is just like a religious sect that I have in mind, who are constantly shout-

ing union, union, but they will give you to understand that you must get into their "Gospel Chariot" if you do not want to go to everlasting perdition, for according to their ideas theirs is the only true way; in fact the very "Alpha and Omega" of all religion.

Why is it that a school of medicine that has for years exhausted the vocabulary of the English language to find degrading epithets to apply to members of the the Eclectic school of medicine, and all at once they are willing for us to join their Association on certain conditions. In reference to the latter, I want to ask everyone of you who have not already done so, to read the letters of Dr Charles A. L. Reed, of Cincinnati, Ohio, and P. Max Foshay, of Cleveland, Ohio, "both Allopaths," that appeared in the Gleaner for September, together with the comment by Prof. Bloyer; and you will be better prepared to decide the momentous question of joining the old school or remain as you are.

Let me quote that part of Dr. Foshay's letter as to who are eligible to join his school: "all reputable Eclectics and Homeopaths, that is, those who practice medicine and do not trade upon an exclusive title."

Why do we call ourselves "Eclectic" from the fact that the founders of our school first assumed that name and while it is perhaps not a concise and literal designation of our school yet, it has and is fulfilling its mission to tell the world of a different and better practice of medicine.

That we are different from other schools is an acknowledged fact and as to the question of a better practice we simply ask and rely upon the verdict of many thousands of the American people who employ the Eclectic practitioners as their family physicians.

As to the "trading upon an exclusive title" I wish to inform the old school that we have neither a copyright, patent or trade mark on the name Eclectic or on our successful mode of treatment, if we had we might land many of

the Allopaths in the Pen for infringement under the patent laws of the United States.

A school of medicine that is so exclusive that prescribes to an oath that they will not counsel or hold professional intercourse with no other school but their own, shows the dogmatic spirit that has pervaded the old school for centuries and has ever been a stumbling block in the progress of their school as evinced and acknowledged by some of their highest authority.

Let us briefly consider the motive that has prompted the old school to throw open their doors for other schools to join them. Every student of medical history must recognize the fact that the future decrees that the time will come when there will be but one common school of medicine and, this condition will be reached by the process of the different schools to either absorb or be absorbed. The recognition of this fact is no doubt the motive that has induced the old school to so condescendingly and graciously consent for Eclectics to join their association. Having by legislative enactments and other means failed to crush us as a school of medicine they change their tactics and, will now try to absorb, to take us in as it were. Whether they will succeed in this remains for us to decide. Remember if we join them there will be no further use for organizations, state and national, for they have already stated that when you become a member of their state association you are likewise then a member of the American Medical Association, amenable to all the rules and regulations of that body; and while the former might consider and respect your rights the latter no doubt would see to it that Eclecticism should not raise its voice in their counsels.

So far as I am able to study this matter I can see no reason of joining the Allopathic ranks. First of all, let the old school make acknowledgement and reparation of the wrongs they have perpetrated toward our school; secondly, let them

be real sincere and use less imbiguous language in extending their invitations for other schools to join them, it will then be time enough to consider the profound question of renouncing Eclecticism and wagging the tail end of Allopathy.

As an Eclectic I am satisfied that with the present light before us I belong to the school of medicine whose achievements of the past shines as the electric light in all directions, throwing its rays in a promising future and a successful past, beckoning us on by the one and encouraging by the latter to press forward in the grand work begun by the founders of our school, and make it as the future has destined it to be, the scientific medical practice of the future.

A FEW THOUGHTS WHICH HAVE OCCURRED TO A SUPERANNUATED ECLECTIC PHYS- ICIAN OF TEXAS.

BY M. W. HENRY, M. D.

My experience in the sick room among patients and their friends, and outside among the general public has led to the conclusion beyond any doubt the title of Doctor of Medicine is one of the most responsible as well as most honorable that can be conferred on a man when it has been honorably obtained and worthily borne.

In order that the title may be worthily borne demands that one should be a true gentleman in the broadest and best sense that the term implies. He must be the worthy trusted repository of some of the most sacred secrets of the families of his patrons and as he comes into the family under the most adverse circumstances when everything about the premises is in confusion and disorder he must be blind to much that he might see and deaf to much that he might hear. He must be a self-sacrificing humanitarian whose

charity is as broad as his field of activity or he cannot rise to the full measure of his duty to his patients. He must seek the welfare of his patient rather than his own ease and comfort. In the course of a physician's practice there will occur cases in which after the coolest and most deliberate consideration and investigation there will remain a doubt as to the duty of the physician in the case. I have always been guided by a conscientious discharge of duty in such cases and no matter what the result might be I had an approving conscience and I am not conscious that I have ever seriously erred in such cases, but to err is human and I have doubtless made mistakes in spite of the most painstaking care to avoid them. I chose the profession of medicine because I believed that it would enable me to fill a useful niche in God's plan of the creation, and because I had full confidence in the curative power of medicines when their properties are well understood and intelligently administered to relieve or cure most of the ills that afflict humanity, hence I thought I could not serve God and humanity any more acceptably and worthily than by the dilligent study of the remedies described in the *Materia Medica* and their proper application in the cure of disease. I also paid a good deal of attention to the subject of toxicology as I wished to avoid entailing upon my patients diseases more formidable than the one that I was called to treat as I have known many physicians to do and I have had many broken constitutions to patch up the best that I could after their treatment. About the most troublesome cases of chronic diseases that I have ever been called upon to treat, were the result of mercurial, arsenical and lead poisoning. There are a few other agents like those just mentioned but not in such general use which are positive poisons and cannot exist in the blood and tissues of the body without lowering the vitality of the same and weakening the patient's power to resist diseased action. All such agents are a curse upon humanity and should be expunged

from a rational *Materia Medica*. After I had made up my mind to choose medicine as my profession it became necessary to choose which of the several schools with which I should affiliate. I divested my mind of all prejudice and mercenary considerations as far as possible and sought with a singleness of purpose for the most rational, practical and least injurious system of medicine then being taught in the schools, and I chose the Eclectic as most nearly approaching my ideal of what a medical school should be and my practical experience has fully confirmed the wisdom of my choice.

On entering the practice my successful treatment of the prevailing diseases of the country far surpassed my most sanguine expectations or the success promised to us by the faculty of the college. I greatly fear that modern Eclectics have allowed the standard of clinical success to be greatly lowered from that which was attained by the founders of the school. This comes mainly from following too closely after the faddists and theorists of the colleges to the neglect of empirical and practical medicine as the physician meets with it in a country practice. A physician who has made a failure as a country practitioner where the result of his treatment stood out in bold relief and could be easily compared with that of their neighbors has moved into a city where the dead drop out of sight like a drop of water in the sea who by skill in getting himself advertised and tact in keeping himself prominently before the public, have acquired a large and lucrative practice without any superior merit whatever as a successful physician in clinical practice.

Homeopaths have attained to this kind of eminence by a placebo, expectant and hygienic treatment, but they have uniformly failed in a country practice where acute diseases prevail. Hence we cannot pin our faith to the sleeves of the city physicians and allow them to dictate our mode of practice without lowering the high standard of success at-

tained by the early Eclectics. Let us not let them lower the standard of success by the use of the catch-phrases of the hobbyist specific medication, "pleasant medication" and infinitesimal dosage a la the homœopathist.

I think that I know from my own experience that if the course against which I protest is persisted in it will lead to the early decadence of Eclecticism. These bigots and charlatans have raised the pretext that the people demand restrictive medical legislation to prevent innovations into the domain of what they dogmatically assert to be "regular medicine" and they have made strenuous efforts to make our legislators believe such to be a fact, but in this they egregiously failed. Our legislators saw that the pretext was altogether too flimsy. They did not believe that the intelligent men and women of Texas desired to be restricted in the choice of a medical adviser when the grim monster death stands ready with his reaper to lay them low. Reason and common sense revolt at the very idea. The right to choose their physician is one of the most sacred belonging to men and they should be very chary about surrendering any portion of it to law and the courts.

There are some of these self-styled "regulars" who are as pharisaical as the ancient Hebrews. They are all of the time vaulting themselves above other physicians who are their equals in literary and professional attainments and far more successful in the actual practice of their profession. They aspire to appear before the world as a superior class of men when rather the reverse is the fact.

The mentally apathetic selfish, mercenary and dissipated students who are but slightly influenced by charitable impulses but seek mainly their own ease and comfort naturally fall in with the dominant party where they expect to drift down on the popular tide, meeting with but little friction or opposition. These pupils make the least desirable class of physicians. They are frequently dissipated and im-

moral. It occurs to me just at this point that one of my Allopathic neighbors who had just returned home from a meeting of his association said that on the night of adjournment that he believed that he was about the only member present who was duly sober. From this remark I supposed that adjournment had taken place in the midst of a drunken orgie. His remark surprised me greatly, for I do not believe that such a scene has ever been witnessed in a convocation of reformed physicians.

Quite a different class of pupils affiliate with the reformed school. They are generally thoughtful young men who seek to find out the best and least harmful method of treating disease, who desire to make themselves a blessing to the community in which they locate and a good and useful citizen of the state. He does not seek his own ease and comfort at the expense of his fellow-men. The bright star in his firmament is the polar star of duty. He knows that he has to struggle against the errors and prejudices of the past ages and overcome them by logical argument and successful practice. A knowledge of this fact stimulates him to acquire the greatest possible proficiency in the science and art of medicine and the collateral branches. Hence he enters upon the practice of medicine more thoroughly equipped to perform the duties of a physician than his old-school neighbor.

There are certain natural mental endowments as necessary to the physician as they are to the poet. If God has not bestowed on the student these necessary mental qualities no amount of literary acquirements of technical knowledge dispensed by the colleges can ever remedy these defects. He may become a veritable encyclopædia of medical learning and technology but his great learning is a heterogeneous mass of knowledge much of which is of little practical value mixed with some valuable grains of truth and much of error. It requires a natural gift from the Creator to en-

able the physician to sift out the chaff and eliminate the error and to deduce from such a heterogeneous mass of truth and error to deduce from it a rational and practical system of medicine by which the infirmities of humanity may be relieved and the patient restored to health and usefulness. The physician who is not possessed of these natural endowments to a considerable degree has certainly mistaken his calling and may be an actual curse to his patrons. An old lady with a purely empirical knowledge of medicine with her herbs, teas, bathing and poultices, frequently has had better success in curing the prevailing diseases of the country than the arrogant, boastful bigots of the class just described. These unsuccessful bigots are the leaders in clamoring for restrictive medical legislation. They cannot successfully compete with an intelligent old lady in the practice of medicine, hence they want her prohibited from prescribing medicine under the penalty of law. It has been thus with all of the great reformers in medicine. Beach, King and Thomson were alike denounced as hypocrites, pretenders, imposters, empirics, and every other derogatory epithet was applied that they thought would help to create an unreasoning prejudice against the men and the reforms that they represented in the public mind where these big-souled men—the humanitarians of the age in which they lived and their wonderful and unparalleled success in the treatment of many of the most fatal forms of the diseases which afflict humanity were unknown to the public and by these unholy and despicable means they hoped to hedge in the reform movement and stop its progress and to stamp it out by instigating prescriptive and tyrannical class medical legislation by which means they hoped to protect themselves from such humiliating and disastrous competition, in the field of practical medicine. Such intolerant and prescriptive legislation is contrary to the spirit of the enlightened and progressive age

in which we live and are a blemish upon the page of our statute books wherever found. I believe that in all countries, all other conditions being equal, that the best and most successful systems of medicine will be found in countries where the individual physician is the least hampered and restrained by legal enactment.

A reformer in medicine must necessarily be an innovator. It was men like Beach who demonstrated to the world that the treatment given to George Washington was not only not curative but was actually destructive to vitality and cruel. If there had been no Beach, King or Thomson to protest against such cruel and irrational treatment in that and similar diseases, and to demonstrate that such treatment was not necessary, but was actually destructive to life the treatment would still be in vogue and the world would still believe that such irrational and cruel treatment was necessary. Since the advent of reformers in America medicine has advanced wonderfully. I attribute this astonishing progress mainly to the friction between the several schools. No great amount of progress can ever be made in medicine where innovations are prohibited by law.

The Eclectic school of medicine was born and nurtured and prospered under persecution; and now that we are able to stand alone and defy our adversaries, let us not join them in persecuting the old ladies or any others who like them go out into the world to do good by administering the medicine which "the Lord hath created out of the earth" for the healing of the afflicted. Let Eclectics continue to be in the future as in the past—the champions of medical toleration and medical liberty.

Neither the true physician nor the people have ever asked for or needed any other protection than that given to them by a good mal-practice law.

APPENDIX.

Since writing the foregoing article I have received the September number of the American Medical Journal which contains an article on page 419 by J. C. Huntley, M. D., on medical legislation which I most cordially endorse. I commend it to the careful reading and the earnest pondering of every Eclectic.

The dominant party only use honeyed words, caresses flattery towards reformers for the purpose of inducing them to enter the organizations in order that they may be enabled the more effectually to stamp them out. Their love for the reformer is like that of the Roman Catholic for the Protestant—it is simply an enforced toleration. Their students enter upon their studies with their minds prejudiced against reformers and every available opportunity is taken to confirm their prejudices indelibly upon their minds during the whole period of their pupilage so that if they were to live to be as old as Methusala they could not be shaken by the most positive proofs of their fallacy. For reformers to voluntarily place themselves at the mercy of such men would be the height of folly not to say madness. I have been importuned to join their associations but I have uniformly declined to do so because I knew that I would have ceased at once to be an independent practitioner and would have become subject to their dictation. Like Judas Iscariot they kiss only to betray and were we to go into their organizations our action would be similar to that of the silly fly that listened to the fulsome flattery of the spider and entered his parlor to behold the beauties thereof but that never came out again. Let us learn wisdom from the fate of the fly and let their organizations severely alone.

M. W. H.

SOCIETY NOTES.

—Dr. J. B. Matthews, Blue Mound, Ills., one of the old war horses, being a graduate of the A. M. C., 1875, sends us his dollar for the purpose of joining the alumni. The doctor is treasurer of the Illinois Eclectic Medical Society; is active in all that pertains to Eclecticism. We wish some of the younger members of the profession would follow his example.

—Some time ago Dr. W. O. Patterson joined the alumni. He resides at Pueblo, Colo., and enjoys a lucrative practice. Since hearing from the Doctor we have sent him a patient, one of our patrons who was moving to his city. This is only one instance of the kind. We wish to impress two lessons from this. First keep in touch with us here that we may know to whom to send patients; second, when your patrons leave your locality refer them to an Eclectic in their new location.

—Dr. C. E. Kelley dropped into my office the other day and we talked about the old American. Dr. K. is one of the old standbys, being of the class of '77. He is a resident of the city and is the local representative of a pharmaceutical manufacturer.

—We are getting ready to make our annual pilgrimage to Jefferson City, there to demand justice and equity. This is to be our first annual visit, and we hope that it will be so effective that the second annual will not be necessary. We wish to say right here that we will haunt the halls of justice until we accomplish our desires. Send your contribution to Dr. J. C. Huntley,

—Shall we hold our state meeting at Kansas City in May or June, 1903? Drop us a line giving us your views on the matter. If you are not a member of the Society send us your \$3.00 and receive a beautifully engraved certificate and be in line at the head of the procession of reformed medicine. The regulars or allopaths are trying to swallow us, brother, and if we keep in bunch they will be served, as was the whale that swallowed Jonah.

—Dr. J. A. Lanius, of Bonham, Texas, who attended the American in '98 and '99 was recently appointed city physician. We congratulate the doctor. Wish more Eclectics would go after public appointments because we can obtain them if we will.

SELECTIONS.

THE PHILIPPINES.

Fred Ayres, a recently discharged soldier from the Philippines, handed us a slip containing the following, without saying whether or not he endorsed the sentiments quoted:

"The Philippines are a bunch of trouble, gathered together on the western horizon of civilization. They are bounded on the west by hoodooism and smugglers; on the north by rocks and destruction; on the east by typhoons and monsoons; on the south by cannibals and earthquakes.

"The climate is a combination of electrical changes, especially adapted to raising Cain. The soil is extraordinarily fertile in producing large crops of insurrections and trickery. The inhabitants are very industrious, the chief occupation being trench building, the making of bolos and knives and the unloading of Remington cartridges. Their amusements are cock fighting, monte, theft and cheating. Their diet consists of boiled rice, stewed rice, fried rice and rice.

"Philipino marriage service is very impressive, especially the clause wherein the wife is given the privilege of working as much as her husband desires.

"The animal of burden is the caribou. On a three-mile journey only ten days' rations need be carried, but if the journey be for 100 miles the driver usually dies of old age before reaching his destination.

"The rivers are serpentine in their courses, the water running in a manner contrary to all known laws of nature.

"Manilla, the capitol and principal city is situated on a bay, a large land-locked body of water, full of filth, sharks and Spanish submarine boats. Cavite, the next in importance, is noted for its natural facilities for a naval station and its large number of saloons and chenos.

"The principal exports of the islands are rice, hemp, sick soldiers and war bulletins.

"The principal imports are American soldiers, arms, ammunition, beer and tobacco.

"Malaria is so prevalent that on numerous occasions the islands have been taken with a chill.

"Luzon, the largest island of the group resembles one of old Cy Green's cast off boots. Communication has been established between the numerous islands by substituting the mosquito for the carrier pigeon, being much larger and more able to stand the fatigue of the journey.

"The native costume consists of a flour sack tied around the waist and anything under 12 years of age waits until next year for its clothes.

"The towns are an aggregation of shacks, full of filth, fleas, cur dogs and disorder. The dogs, cats, chickens, pigs, horses, fleas, bedbugs, lice and family all sleep together, on terms of equality.

"The Philippines—An appropriate present to a deadly enemy.

"The native—A friend at the point of a gun.

"The climate—Pleasant and healthy for roaches; tarantulas, scorpions, centipedes, snakes and alligators.

"The soil—Adapted to raising foul odors and breeding of disease.

"The islands—A God-forsaken, cannibalized, Aguinaldo infested blot on the face of God's green earth."—[The Reville, Linn Creek, Mo.

THE RELATION BETWEEN DIABETES INSIPIDUS AND MELITUS.

Kuhn publishes the record of a case from which he argues that an intimate relationship between the two forms of diabetes exists. The patient was a 58-year-old woman. She

was treated in hospital in 1899 for empyema following pneumonia. In 1900 (July) she was again admitted into hospital, and suffered an amputation of the left breast for a scirrhous cancer. Subsequently, on two occasions, small portions of infiltrated skin were removed. About the beginning of 1901 she complained of excessive thirst and polyuria. She was admitted into hospital at the end of February on account of these symptoms. The urine had a specific gravity varying between 1.002 and 1.004, containing no sugar, and was passed in daily quantities varying between 175 and 245 ounces. The diagnosis of diabetes insipidus was then made. She did not improve under treatment. In April she was considerably wasted. The heart was natural, but the beat was somewhat rapid (100). She passed about 310 ounces of urine, with a specific gravity of 1.006, and no sugar; no albumin, but some indican. On May 3d she passed 357 ounces of urine (the maximum amount). There was at this time some pyrexia. The quantity of fluid taken in was less than the quantity of urine secreted. A little later the quantity of urine became almost suddenly less and glycosuria appeared. Her general condition rapidly became worse. She slept a great deal, was not clear-minded when awake, and the pyrexia continued. She died on May 28th. The necropsy revealed recurrence of the cancer in the scar of the breast, cancer of various lymphatic glands, cancer of the suprarenal glands, atrophy of the pancreas, small growths in the kidneys, with fatty degeneration (metamorphosis) of the cortex, and growths in the liver. The uterus was absent, and the left ovary and tube, as well as the vagina, which ended in the cul-de-sac, alone remained. The patient had denied that any further operation had been performed, but probably the uterus and right appendages had been removed for a new growth, in spite of this statement. Kuhn considers that the change during the last few days of life of the diabetes insipidus into diabetes melitus is a proof of the close relationship of the two diseases.—[British Medical Journal.

THE POSITION OF THE SURGEON IN CASES OF FRACTURES.

BY H. B. NICHOLS, M. D.

I am not aware, in the whole course of practice of medicine and surgery, of any class of cases which are so apt to disturb the mental equilibrium of the attending surgeon as the class of cases referred to in the title of this paper.

We are all called upon at some time to demonstrate our skill in the management of cases of fracture; and in no class of cases is there so much dissatisfaction upon the part of our patients, whether rightly or not. There are a certain number of people, in this world who will, upon the slightest provocation, bring an action against a surgeon for damages for malpractice in a case of fracture who would not in any other case of surgery entertain the thought of an action, even if the results were manifestly more damaging. You can probably call to mind some fellow practitioner who has been obliged to defend his character as a surgeon, or demonstrate his ability in the many different courts of the country, at a great loss financially to himself, even if he won the case, to say nothing of the loss of time and mental worry which he has had to undergo, just because some worthless scamp had found a lawyer who was willing to lend his aid for the prosecution of such cases, trusting to his ability to win the case, with no other prospect of remuneration than that he will divide the spoils with the plaintiff. Charlatans are not confined to the medical profession, and many an attorney will lend his assistance in the prosecution of those unjust claims, even going so far as working the individual into prosecuting the surgeon for damages.

Now, the purpose of this paper is to show the profession that there is a way in which we can meet these cases on their own ground, and clinch the argument in the beginning so that the question of a future suit for malpractice is out of

the question. I took up the study of medicine and surgery for the purpose of earning a livelihood for myself and family, and to provide for them in their declining years, and I believe that every physician has the same motive when he undertakes the duties of our profession. And it is for our interests that we manage our business in such a manner that the provision which we are making for our families and our dependents shall not be imperiled. Every physician enjoys the reputation of being successful in his profession, but for me I prefer that it shall be accompanied by the reputation of being able to collect my accounts, and that I have made a success financially in my profession; for the latter is of more vital importance to me personally.

My father, a practitioner of forty-four years' experience, sympathized with me when I started in the profession, picturing out to me the troubles which would arise in the course of my career, especially along the line of fractures; and I feel to-day that his advice upon that subject was the nucleus which developed into the fuller determination that in all cases of fracture, be sure you are safe before beginning your work.

I realize that with some it would seem that it was an acknowledgment of incompetency to say that in this case of a fractured femur you will probably have from one to two inches of shortening; or that in a case of fracture of the condyles of the humerus with fracture of the olecranon, there will be some loss of function of the elbow joint. But in many a case the positive assurance by the surgeon that no deformity will result, or that no loss of motion of a joint will be present, has been the means of his donating his services to his patient, and in addition contributing to the support of some energetic member of the legal fraternity, and at the same time placing himself before the public in an unpleasant position.

A good rule in these cases is, never to promise as much

as you expect to fulfill; which is rather crude in its grammatical construction, but nevertheless conveys the meaning. Never promise a perfect result, for it is impossible and unwise; and always give your prognosis in the presence of witnesses, whose names you should take down at the time of the statement, and then, whatever the result may be, you are in a measure protected. A reference to the following case will illustrate exactly what I mean in this direction:

Some seven years ago I was called to see a man, 30 years of age, who had been driven into the ground by a falling tree, and besides many other injuries, had sustained an oblique fracture of the femur at about the junction of the middle and upper third. Taking another physician with me, we found a shortened condition of the thigh of about three inches, with considerable angular deformity. Realizing that it was a case in which the results would not be in all probability satisfactory, so far as the length of the thigh was concerned, I told him that in my opinion there would be considerable shortening, and that I did not feel like promising anything better than from two to two and a half inches, and that if he did not wish me to reduce the fracture with that prognosis, then was the time for him to object and call another surgeon if he wished. He turned to me and replied: "Go ahead and do the best you can;" and after the proposition had been made to his wife and the same answer received, we anesthetized the patient and put him in the best possible shape. To be brief, he recovered with about one inch of shortening, and after recovery, after waiting five years and seven months for a payment on his bill, I sued him in the supreme court for his bill of about \$100, and my attorney was served with the papers in an action for damages for malpractice for \$1,000.

Shortly before the case came for trial, a friend of his volunteered the information to his attorney that at the time of

the reduction of the fracture I had stated in the presence of six witnesses that I would not promise a better result than two to two and a half inches of shortening, and that the patient had ordered me to go ahead and do the best I could. The attorney for my patient inquired of the witnesses were all living, and upon being informed that they were, he said he might as well settle the case, and they did by putting down a cool hundred and paying the costs.

Now, as you will notice, an agreement was reached between the patient and myself, before any work was done, and that I took no responsibility whatever, more than to do the best I could. Had I not protected myself with a contract as stated, I would undoubtedly have been caused great annoyance and expense. This question of a contract made this way with the patient was submitted to one of the learned judges of this section for his opinion as to its legality, and he very promptly replied that it was valid, and that it was one of the best moves on the part of the surgeon which could be made.

I believe that if we will follow out to the letter the principal point brought out in this paper, viz., to promise to our patients only what we are positive that we can fulfill, in the future the cases of suits for malpractice in cases of fracture will be few and far between.

Pulteney, N. Y.

—[The Surgical Clinic.]

A clergyman famed for his eloquence which was less appreciated because of the long discourses, was invited by a brother minister to speak at a church festival. "I will give you a sermon on the Golden Calf," he promised. Back came the reply: "The Golden Calf is what is wanted. A fore quarter will do."

A. W.

The American Medical Journal.

MONT. M. HAMLIN, M. D. Editor and Proprietor.

Contributions, Books for Review, Exchanges and other communications should be addressed to The American Medical Journal, 2900 Lawton Avenue, St. Louis, Mo.

\$1.00 A YEAR IN ADVANCE.

SINGLE COPY, 10 CENTS.

EDITORIAL.

A HAPPY NEW YEAR.

A happy new year to all the readers of the Journal. We take off our hat to the new year, 1903, and welcome it with all that it may bring. Like the fellow who was riding a blind mule, when it started running away with him down a steep hill. Expecting to be precipitated against a tree or over the bluff at the foot of the hill in a few moments, he thought it mete and proper to pray; so he said, "Lord make us thankful for what we are about to receive, amen."

While we wish the full measure of prosperity to all the Journal family we are not unmindful of the fact that some few of us, let us hope that the number will be small, shall meet with adversity in some form or other.

A year ago we spoke of the bright future that lay out before the American Medical College. It did not enter our thoughts that ere the close of the year 1902 we should be called upon to mourn the death of one of the youngest, brightest and most loved members of our faculty—the Dean, Prof. E. L. Standlee.

"God moves in a mysterious way,
His wonders to perform."

We submit humbly, and emulating as best we can the noble example of our departed colleague. We press forward, looking always on the bright side of every question.

Again, we can say that the future of the college was

never more bright than at present; a large class of as bright young men and women as can be gathered; a faculty second to no other college, and all moving smoothly and grandly onward and upward to the attainments of our chosen profession.

A retrospect of the past year shows Eclecticism to be moving grandly forward. We trust that the forward movement will be pushed along by the activities of the year 1903. The Journal will do what it can to aid in this matter. Now for a strong pull altogether.

THE DEATH OF DR. JOSEPH ADOLPHUS.

Early in the month of December, 1902, we were startled by the news of the death of this noble old warrior. His age we do not know but think he was about 85 years of age at the time of his death. We do not know how many years he had been waging the warfare of Eclecticism against all its foes but we do know that as far back as twenty-five years ago his trenchant pen was ever busy spreading the glad tidings of his ideal—Eclecticism pure and simply. And no man wielded an abler pen than did he. And this scribe is frank to admit that in his humble opinion Joseph Adolphus had no superior and few if any equals as a writer. We shall greatly miss his contributions to our monthly journals. Two of his rather recent contributions we esteem as of superior merit—we refer to his article on la grippe, its history, pathology and suggested treatment. This article was published soon after the first appearance of the disease in this country. We have never seen anything since that even approached a comparison with this the production of Dr. Joseph Adolphus' article on la grippe.

More recently he wrote on the value of ipecac in the treatment of pneumonia and some other conditions. This to the young physician was one of the most valuable contributions of modern times.

In fact all the writings of this master were eminently practical. We shall greatly miss him. This Journal to which he was a regular contributor especially feels the loss. We hope to present next month a more extended and definite account of the life and work of this really great man.

The Legislatures of most of the States will be in session now within a few days and there will be an effort made in many of the states to modify the existing laws relating to the practice of medicine. In many states an effort to repeal the existing laws and enact entirely new laws to control, yes, that's the word, the practice of medicine, is the prevailing idea. Meetings have been held recently in many places by the dominal school to perfect the bills to be presented to the Legislatures.

Let Eclectics be on their guard. "Be ye also ready."

One of the points of interest in the bill to repeal the old and enact a new medical practice act in Missouri, is that it exempts from examination, Christian Scientists, Osteopaths and if there be others who treat diseases by the manipulatory or spiritual routes they too are exempt. We who remember the splendid fight made against our present law by the Christian Scientists two years ago can readily understand why this proposed new law lets them out.

Look out for some surprises in the way of proposed medical legislation at the coming sessions of your Legislatures, Doctor.

In Missouri there will be an effort to have a new board or rather an additional board to be known as the licensing board—to be composed of five members, three Allopaths, one Eclectic and one Homeopath. This in addition to the State Board of Health—two boards instead of one as at present. The bill creating this new board is already framed and the man to introduce it in the Legislature has been selected.

HOW IS IT, DOCTOR?

How do you stand with Journal; have you renewed and paid your dollar for 1903? If not, why not attend to that right now? It is more blessed to give than to receive we are told and hence we mention this little matter that you may get all the blessings possible. A goodly number are already in line having already attended to this matter and the editor being of a philanthropic turn of mind will not object to extending the line sufficiently to include your name on the paid-up-for-1903 list.

The editor is a very busy man but he will not offer a single complaint if every subscriber renews within the next thirty days. We should like to try the experiment. How is it with you, Doctor? Let's try it. Send the dollar at once and get a receipt on return mail.

Dr. T. L. Noblitt, formerly of Concordia, Kansas, has moved to 713 S. Mill street, Kansas City, Kansas. We wish the Doctor abundant success in his new location.

A letter not long since from Emmet Hyatt Kasey, M. D., of Windsor, Kansas, informs us that his highness is doing a rushing business. The Doctor richly deserves to succeed and if vim and sticktuativeness with a thorough knowledge of medicine and surgery count for anything his success is already assured.

J. A. McKlveen, M. D., Chariton, President Iowa State Board of Medical Examiners, in sending his renewal for 1903, says: "Wishing yourself and the Journal a most prosperous year and a Merry Christmas for the editor I am yours for Eclecticism." These are cheering words coming from Dr. McKlveen. Dr. M. has demonstrated that Eclecticism is no draw-back to true merit. Here is a true blue Eclectic standing at the very head of the profession in the great

State of Iowa, and he merits all the honors there have been conferred on him. We fully appreciate these words and trust the Doctor will favor us soon with a contribution from his vast store of knowledge as to medical legislation in general.

Dr. G. M. Williams, Rosebud, Texas, had the misfortune to lose by fire his office, a goodly portion of his library and instruments and many other things of value recently. The Doctor will soon be refitted however as his large practice still remains. True worth in a man can not burn, neither can it be stolen. Dr. W. is all right.

ARKANSAS ECLECTICS TAKE NOTICE.

LITTLE ROCK, ARK., Dec. 24, 1902.

Dear Sirs.—I am anxious to perfect a list of all the Eclectics in this state, and everyone who reads this notice will do me a favor as well as the cause of Eclecticism, by sending me the names and addresses of all true Eclectics who reside within this state. Yours fraternally,

A. J. WIDENER, M. D.,

Cor. Sec. Ark. E. M. A.

108 West 7th Street.

[We trust that the above request will appeal to every reader in the State of Ark. Send the list to-day Doctor, you may forget it to-morrow.—Ed.]

Prof. John Uri Lloyd's famous satires, the first of which, *The Mother of Sam Hill's Wife's Sister*, was published in the September Criterion (1901), are resumed in the January number with the fourth paper of the series, *Sam Hill, Sheriff of Knowlton, Kaintuck, and purport to be related by "Chinnie Bill Smith," the famous story teller of "Stringtown On The Pike."* These satires written exclusively for

the Criterion, will be illustrated by Martin Justice, whose character studies are second to none in the Magazine field. Prof. Lloyd's inimitable style and daring, yet kindly, humor will be a rare treat to Criterion readers. A deeper meaning will be read between the lines of these unusual papers by thoughtful minds. The next paper, "Why A Kentuckian Stands With His Back To The Stove, The Testing of Milinda" by Sam Hill, will appear in the March Criterion and the remaining stories during the year 1903.

RECIPROCITY BETWEEN MEDICAL BOARDS.

There has been a number of movements made in the past year, looking toward reciprocity of licenses between the various State Boards of Medical Registration and Examination. This is only practical where the laws of each State allow such procedure. Nearly all of the reciprocity measures passed so far by several of the State Medical Boards have concerned late graduates who have been licensed by examination, and not on registration of diplomas.

Last month a very interesting meeting of delegates from the State Boards of Kansas, Missouri, Illinois, Nebraska, N. Mexico, was held at Kansas City, Mo., and the following resolutions were adopted:

"Whereas, The majority of the physicians in the United States are in favor of an improved and a higher standard of medical education, and whereas, they are also desirous of doing justice to all by recognizing the value of experience as a qualification, and of doing justice to the veterans in the profession; and whereas, any scheme of reciprocity, to meet with favor and be enduring, must be in accord with these sentiments; therefore, be it

"Resolved, first, That for those graduating in medicine hereafter, reciprocity in license should be based on the following: 1, uniformity in preliminary entrance requirements; 2, uniformity in the length and character of the med-

ical course; 3, uniformity in the character of the examination, 4, uniformity in legislative enactments, which shall permit or authorize reciprocity. Be it also further

"Resolved, That it is the sense of this meeting that the "Preliminary Entrance Requirements should be satisfactory documentary evidence under oath of a high school education of not less than three years' duration. Be it further

"Resolved, That it is the sense of this meeting that the medical course should consist of not less than four years of courses of at least seven months each, in four separate calendar years, and that each term should consist of not less than eight hundred hours of actual work. Be it further

"Resolved, That it is the sense of this meeting that by 'uniformity in character of the entrance,' we mean that with the exception following all applicants should be examined in at least the following branches: Anatomy, bacteriology, chemistry, materia medica and therapeutics, obstetrics, practice of medicine, surgery. Be it further

"Resolved, That the foregoing should be considered the minimum qualifications for admission to examination for license. Be it further

"Resolved, That it is the sense of this meeting, that each examining and licensing board or State Board of Health should be empowered by legislative enactment to accept in lieu of an examination all of the following. 1, a diploma from a recognized medical school; 2, a license from a reciprocating State board of health or licensing board; 3, a certificate from the State Board of Health where the applicant last resided, showing at least ten years of reputable practice since graduating from a recognized medical school."

These are the broadest minded resolutions on this subject so far seen, but we do not look for any material results until the laws of the various states are more nearly alike, and the views of the various members of the boards more nearly agree.--[Eclectic Medical Journal, January, 1903.]

BOOK REVIEWS.

THE MATTISON METHOD IN MORPHINISM. A Modern and Humane Treatment of the Morphine Disease. By J. B. Mattison, M. D., Medical Director, Brooklyn Home for Narcotic Inebriates. Published by E. B. Treat & Co., New York, 1902. Price \$1.00.

This little treatise on the subject of Morphinism by one so competent is an exceedingly valuable addition to our library. Only forty pages, in nice cloth binding, but every page is rich in valuable information. Doctor, you need this little book. Send for it now.

DISEASES OF THE EYE.—**DR SCHWEINITZ.** A hand-book of Ophthalmic Practice, for Students and Practitioners. By G. E. Schweinitz, A. M., M. D. 555 illustrations, two chromo-lithographic plates. Third edition. Thoroughly revised. Published by W. B. Saunders, Philadelphia, Pa. Price, in sheep, net \$5.00.

In this work of 696 pages the author has given special attention to the methods of examining the eyes. The symptoms, diagnosis and treatment of ocular diseases. The work is profusely illustrated and the text is written with a clearness and comprehensiveness that at once makes the work a reliable text-book upon this especial branch of the profession. Our author has written with a full knowledge of the wants of those entering upon the study of diseases of the eye. The work is one of great value and should be in every medical man's library. We can not too highly recommend it.

TRANSACTIONS NATIONAL ECLECTIC MEDICAL ASSOCIATION. Vol. XXX—1901-1902. Edited by Finley Ellingwood, M. D., Secretary, Chicago

This volume, though it is numbered 30, is the transactions of the 32nd meeting of the association. This meeting was held at Milwaukee, Wis. The next meeting will be held at Indianapolis, Ind., June 9th, 10th and 11th, 1903.

The officers for this session are: President, J. D. McCann, M. D., Monticello, Ind. Vice-presidents, J. T. Wintermute, M. D., Cincinnati, Ohio; J. V. Stevens, M. D., Jefferson, Wis.; M. B. Ketchum, M. D., Lincoln, Neb. Recording Secretary, Finley Ellingwood, M. D., Chicago. Treasurer, W. T. Gemmill, M. D., Forest, Ohio. Corresponding Secretary, N. A. Graves, M. D., Chicago.

This volume of 458 pages is an honor to the association and much credit is due to Secretary Ellingwood. Some changes as to the arrangement of the matter which greatly enhances the value of the work, has been made by the Secretary. In fact we feel inclined to suggest that this is the most praiseworthy volume that has ever been published; and while only members of the National are entitled to a copy of these transactions we suggest that every Eclectic in the land may and ought to have a copy. Doctor, identify yourself with your State Association and through your state organization become a member of the National and when a member of the National you will get annually a copy of the Transactions, a book that is easily worth double the price of your annual dues to the association. We should be pleased to know that every reader of the American is also a member of the National. This present volume is especially rich in valuable papers contributed by the brightest minds in the Eclectic ranks.

OHIO TRANSACTIONS—1902.

This handsomely bound volume of 187 pages is now on our table. It certainly speaks well for Ohio Eclectics. The preamble constitution and by-laws come first, then the proceedings of the meeting, following this is the reports of sections with the papers contributed to each. The best thoughts of the best men in the State, brought right up-to-date, are to be found in these papers.

The Eclectics of Ohio are to be congratulated and we regret that many other State Societies do not follow this example and put in permanent form the transactions of their state meetings.

READING NOTICES.

A MOST SEASONABLE SUGGESTION.

As the time is fast approaching when there is a demand for cough remedies, it will not be amiss to present a suggestion and a good remedy. In place of opiates which always dry up expectoration, disturb digestion, cause constipation, and render the patient uncomfortable and drowsy, it is desirable to employ the most efficient and popular cough sedative of the present day, namely. Antikamnia & Heroin Tablets. This remedy relieves cough by its soothing effect upon the air passages, but does not interfere with expectoration, and, in fact, renders it easier by stimulating the respiratory muscles. Only a very small dose, one tablet, every one, two or three hours, for adults, is required to produce a satisfactory result.—[Notes on New Pharm. Products.

Extract from "Treatment of Diphtheria" by Dr. J. W. Pearce, in *American Practitioner & News* July 15, 1902.

"To briefly relate, this is the way I treat diphtheria, and I have never lost a case. If I can get perfectly fresh antitoxine I give it, but if it can not be had perfectly fresh I do not. Whether antitoxine is given or not, I give echthol in full doses appropriate for the age of the patient, every three hours, administered by the mouth. The entire fauces, larynx, and pharynx are sprayed with a mixture of echthol and peroxide of hydrogen, three parts of the former to one of the latter, every fifteen to thirty minutes. Calomel in small doses is administered every hour until the bowels are thoroughly moved. Nourishing and supportive diet is given at short, regular intervals, and everything done to make the patient comfortable in the way of supplying fresh air, etc. I have been using this plan, modifying it to the needs of

each individual case, for several years, and cannot recommend it in too glowing terms to my fellow-practitioners, knowing that it will give good results and entire satisfaction if it is carefully and effectively administered and carried out. Nothing can save a patient in articulo mortis, and it is needless to try this in such cases hoping to do something."

Hypertrophied Prostate With Difficult Micturition.

For an old gentleman, seventy-four years of age, who was suffering from hypertrophied prostate with difficult micturition, I prescribed Sanmetto. The results were favorable, and after taking two bottles of Sanmetto he was so much improved as not to require the use of the catheter, which he had been compelled to use for several months previous at least once in twenty-four hours. I have since prescribed Sanmetto in five similar cases with equally good results.

Keith, Ohio.

E. C. CULBERTSON, M. D.

NEURILLA
NERVE CALMATIVE
NERVE HEALTH
follows its use.
Dose: Teaspoonful every half hour until
nervousness is abated,
then four times a day.
Teething Children 10 to 20 drops.
DAD CHEMICAL COMPANY,
NEW YORK.

THE AMERICAN MEDICAL JOURNAL.

VOL. XXXI.

FEBRUARY, 1903.

No. 2.

ORIGINAL COMMUNICATIONS.

FLUID ELECTRICITY.

It was my intention, originally, to have prepared an essay of a practical character, which might, perhaps, have proved of more interest to our friends of this convention than the one I am about to present, but sickness in my family and other causes have kept my mind in such a constant state of confusedness, that it has been impossible for me to attend to that or any other subject, requiring any great amount of mental application. I have, therefore, hastily and irregularly thrown together some views which I have entertained for some twelve or fourteen years past, and with which I am tolerably familiar, on the subject of Health and Disease, or Life and Death, as being the result of electric action.

To demonstrate fully and satisfactorily, what I humbly conceive to be the truth of the views to be set before you, would require a series of discourses arranged in a logical and methodical manner, in order to lead you step by step to the same conclusions with myself; therefore, I will rather briefly lay my conclusions before you as a mere matter of curiosity, and must beg your patience, as well as indulgence for all deficiencies, irregularities, and sudden changes which must necessarily occur in my future remarks.

The philosophical researches of a few past years, have led to the conclusion that there exists an eternal universal

fluid, throughout all nature; that in consequence of the laws impressed upon this fluid by the Almighty, it is constantly in motion, creating and decomposing, and producing all the varieties of heat, motion, light, growth and animal life to which the universe is subject. This fluid or spirit is possessed of two forces, called plus and minus—or which is better, positive and negative, which, by their properties of attraction and repulsion, rule and regulate every phenomena of the universe—every change that occurs in nature. Emanating directly from Deity, to whose power alone it is second, this spirit is the producing principle of all things; and yet into all things material, it has conveyed and implanted the seed for their own destruction. It matters not whether we name this fluid Electricity, Magnetism, or Galvanism, as we conceive them to be one and the same thing, under different modifications.

In thus identifying the laws of magnetism to be those laws which govern the universe, we make no pretensions to originality. According to the earliest records that we can find in relation to this discovery, it was first advanced about forty years ago by Prof. Copeland in an oration delivered before the Medical Society of London. In that oration it is stated, that "the phenomena of attraction or gravitation, chemical affinity, combustion, crystallization, light and heat, both as they exist in the solar rays, and as they are otherwise produced, in short, that all the phenomena of the inorganic world, and of the solar systems, may be explained by means of the agency of two universally diffused electric forces." * * * *

It would be well to bear in mind, the simple fact that attraction will always prevail over repulsion, as it will unfold some of the most mysterious and wonderful operations of nature, such as have generally been hidden and unknown. The repulsive force diverges as from a centre; the attractive converges to a point or focus.

Therefore, a gradual condensation of all matter must follow, in consequence of the particles being urged toward a central point, with a greater force than that by which they are thrown off or repelled. This tendency to a greater degree of density in all matter, may seem to involve some additional law, other than those that are usually recognized as belonging to these forces; but it may be seen to be an effect growing out of one of these laws, which is, that repulsions produce expansions, and attractions produce contractions.

But when any portion of matter becomes so condensed that it can no longer remain in its present form, but must change into that of another character, some of its constituent principles are often volatilized, and pass into a more expansive state, in order that the remaining part may change to a more dense or solid form. But all the volatilized portions are again eventually brought back into solid matter, bringing other particles with it in new combinations. It should always be remembered that it is the two magnetic forces that interchangeably repel and attract, and not the matter or substances that contain them. Chemical action is that more rapid change which takes place among the particles of compound bodies. It constitutes a very extensive field of observation, and of late great attention has been given to this subject. But the science may be considered as still in its infancy, and also that the very first principles of it are to be established.

All these changes are brought about by a few simple effects which are termed chemical affinity, elective affinity, capillary attraction, attraction of cohesion, etc. Now it is very clear that the whole of these unmeaning terms represent nothing more nor less than the different modes and intensities of action in the latent magnetic forces in the particles of matter.

Bischoff says: "All bodies by contact with each other act as electrics, without, however, necessarily undergoing

any chemical changes. Therefore, when a medicine is applied to the organism, its action is electrical. But though, adds this writer, a medicine may produce electrical without chemical changes, yet the reverse of this does not hold good, for no chemical changes can occur without the production of alterations in the electrical condition of bodies; and consequently the operation of caustics is an electro-chemical process.

Many experiments have been made by M. Pouillet, M. Becquerel, and others, to prove that chemical affinities are owing to electrical attractions.

Becquerel obtained the following results; when an acid combines with an alkali, a current in one uniform direction is established. The acid furnishes the positive, and the alkali the negative electricity. And when nitro-muriatic acid acts upon gold, the acid is positive and the gold negative. And in general an acid, during its action on a metal, is either negative or positive, according to its concentration or dilution.

A mixture of a concentrated solution of an acid with a dilute solution of the same acid, produces electrical effects; the concentrated acid liberates the positive, and the dilute acid the negative electricities.

Among the different mixtures used as chemical agents, and by the application of heat, the electric forces of the particles, become disturbed, their equilibrium is destroyed, and the polarity of the atoms is changed, existing compounds are decomposed, and new ones formed.

It is by the poles of the particles that substances are held together in the mass; if the poles are changed, as may be done by bringing them in contact with other particles differently or more highly charged, the mass will fall to pieces, and the particles are ready to unite in a different form, or perhaps with other particles, producing a compound of quite another nature. All chemical processes may

be briefly summed up in this; the separation and reunion of the elementary substances by repulsion and attraction." * *

We have stated that condensation is the result of the action of the two magnetic forces—hence, although the repulsive force predominates in our earlier years, yet the attractive soon gains the ascendant, and in adult age, our bodies become firmer, or minds more fixed, and as we advance in years, this action of condensation hardens our bones, they become brittle, the muscles become tough, the blood thickens and flows with less freedom, and even the arteries become ossified, the ligaments becoming more compact and less flexible, the aged man goes bent over—the nervous system and brain become too dense for a free conduction of the magnetic spirit, consequently the senses gradually fail, until finally the whole system becoming too solid for the proper magnetic action, this principle very agreeably leaves the man, and he is then said to die.

This action not only applies to man, but to all substances in nature, even to the planets and fixed stars. Our earth being at first without form and void, that is, circulating throughout the solar system, as the ether of philosophers which exists throughout space, and the two forces of electricity—by this action of condensation becomes an ethereal or gaseous polarized body, which after the lapse of ages, termed in Holy writ, a day—a geological or creative day—becomes water, solely by the action of these forces; condensation continuing, dry land is next created or produced; and this condensation enduring, the centre of the earth, after some millions of years, becomes in a melted state, which is often thrown to the surface, as witnessed in volcanic eruptions; the earth itself approaches nearer and nearer to the sun, for in proportion as its density increases the attraction also increases, so with all the other planets, and the final result will take place when the earth falls into the sun, in the same manner as meteoric stones fall into the earth, they

being secondary planets or satellites, having the earth as their centre or focus of attraction, and being subject to the same laws as all other planetary bodies.

From what we have stated, it will be seen that motion depends upon the action of these forces—indeed, motion follows as a necessary result. For wherever these forces exist motion must necessarily be present, and if either one of these forces is absent, the other is also; and although the positive and negative forces are decidedly distinct from each other, and motion is in neither the one nor the other of them, but is the effect of their combination, it follows that no one of them, that is the two forces and motion, can exist or not exist, without the existence or non-existence of the others; that the presence of one, necessarily creates the presence of the others, thus forming a complete trinity in unity.

In all matter, organized or inorganized, there are but two kinds of motion, the attractive and repulsive, or the push and pull. We recognize them in the motion of the lungs while breathing, of the heart in beating, of the jaws in eating, and of the eyes in winking. The carpenter saws with them, the smith hammers and files with them, etc. In the mental effects the motion is determined by the predominant electric force—producing love for the positive, hatred for the negative; charity positive, niggardliness negative—friendship positive, enmity negative—pleasure positive—pain negative, etc.

The electric fluid exists in the mineral, vegetable, and animal kingdoms, and as the effect of its two forces is motion—wherever, or in whatever body we perceive the most motion, we must conclude that such body encloses the greatest quantity of this fluid, and that it contains in its organization, substances, or a principle, which admits of the free and active circulation of these forces through it. Thus the magnetic fluid vivifies all nature, but its manner of action is apparently very different in the three kingdoms. In the

mineral kingdom there does not appear any continued motion, or magnetic circulation from the centre to the circumference; all appears to be the result of diverse modifications—juxtaposition, or aggregation of parts, such for instance, as we perceive in the phenomenon of crystallization.

In the other kingdoms, there apparently exists a source of life or animation, a particular focus, from which radiates the magnetic forces, and it is this which physicians have erroneously termed the "vital principle." The same focus is easily recognized in the vegetable kingdom; we know that it exists in the germs of plants and that it is from this focus as a centre, that all the action commences which gives birth, increase, and strength to all vegetable productions. In the animal kingdom, this principle is likewise contained in a germ, from which all magnetic action favorable to life, and to the preservation of animals, emanates.

Animal electricity does not manifest itself with the same intensity or degree of action, as mineral magnetism, and cannot therefore be so easily detected or gathered by the usual methods adopted for obtaining these forces in the latter kingdom. On iron, electricity manifests itself in the form of density, cohesion, polarity, and magnetic attraction and repulsion; the same agent acting on salts produces crystallization, the peculiar form of the crystal depending on the polarity, cohesion, and constituent combination of the salt; on atmospheric air we have light, heat, thunder and lightning, etc., manifested to the senses; on metals condensation, cohesion, aggregation of parts; on vegetables, growth, involuntary motion, power of regeneration and decay; on animals we find nervous action, sensation, voluntary and involuntary motion, heat, growth, the property of being acted upon by external and internal agents, decomposition and recombination of matters entering into the composition of the animal power of regeneration and decay; in each instance depending upon the constituent combination, formation, con-

ducting qualities, affinities, etc., of the material substances upon which it acts.

The "vital principle" of physicians is then, the radiating focus, if we may be allowed the term, of magnetism in all organized bodies; the fibres in vegetables, as the nerves in animals are the passive conductors of this natural magnetism; and as long as this principle in any body, hold its proper amount of the two magnetic forces, it communicates to such body, all the strength and animation to which it is susceptible, and no other power, whatever, can increase or strengthen it. But if by some secondary cause, this principle becomes in any way impoverished, we are aware that an apparent disorder in some part of the body enclosing it, must take place; and it is then that disease manifest itself.

Electricity is the motive power of the nervous influence; as well as the only motive power of universal nature; but by this we do not intend to convey the idea that electricity is the "vital principle"—we contend that there is no distinct vital principle whatever. Each one of the elementary constituents of the human system, is just as much a living or vital principle, as any other single one. Thus electricity, as manifested in attraction, repulsion, heat, light, etc., and the oxygen, azotic, carbonic and hydrogen gases, (the original elements), and the bones, flesh, nerves, muscles, etc., (the proximate or secondary elements of animal matter), are each equally entitled to the appellation of vital principle. And if either electricity, oxygen, hydrogen, flesh, nerves, etc., is withdrawn or separated from the system, the system is disorganized, decomposed, and is rendered a different thing. We say then, it is dead. With electricity it lost its principle of motion, with oxygen or hydrogen its existent combination, with bone or flesh its constituent structure. But it has lost no vital principle distinct from these, for the simple reason that it had no other to lose. Authors however, say, "living bodies are endowed with a principle directly at var-

iance with, and in opposition to chemical or physical laws. Superior to, and in eternal warfare with the laws of mere matter or chemical affinity." This we most distinctly say is not true.

It has been insinuated by some of our kind friends, that these views would lead to materialism. But short-sighted people do not always see far enough. The fact is directly the reverse. Is not God's earth a material world? Is not his creature, man, a material being—and should he not be subjected to immutable material laws while in this material state, rather than to a superior vital power, which in every case comes out inferior in a contest with physical laws?

A distinct vital principle is nothing more nor less than a special Deity. A special Deity is subversive of the real one. The idea of a vital principle distinct from a natural principle is as repugnant to theology as to philosophy.

When the matter of man, and of this globe which he inhabits, existed "without form and void," that is to say, in its gaseous elements—invisible—and as matter "nothing"—should the great Jehovah have spoken into existence that electric power which gave motion, combination, and condensation, to those gases, till earth and its creatures were produced, and instituted laws, as immutable as his own attributes, to govern all? or, should he have created all things from "mental obstruction," and endowed man with a principle which its advocates do not pretend to exist, as either matter, mind, soul, or spirit, or as anything else but a *vital principle*?

But to return. One of the effects of magnetic action is to restore equilibrium in all those bodies in which this has become destroyed. But the equilibrium of what? Of the two magnetic forces themselves. Is there an increase of one or the other of them, their natural tendency will be to restore the necessary equilibrium between themselves, that the

body which encloses them may be preserved; and if this does not take place, death or decomposition of the body is the result.

Let us suppose a glass filled with water, which we carefully place on a table; in this state, the magnetism existing in the water, is at rest, or rather, in equilibrium; now if we stir it with a finger, we produce a marked motion, an increased magnetic action which did not exist there before; and the state of repose which ensues shortly after removing the finger, is the complete electrical discharge, the result of which is a re-establishment of its equilibrium.

If we strike a bell, we determine in the interior of the metal an increased action or motion of these forces, and which manifests itself to our hearing by the sound, and to our feeling by the trembling of the bell. But, gradually, as with the glass of water, the magnetic spirit tends to resume its ordinary tranquillity, which cannot be molested without deranging its general equilibrium—then the noise and trembling cease, and the bell returns to the same condition as before it was struck. If while the bell was vibrating we approached our hand to it, no sparks would be elicited, but we would experience a trembling at the fingers ends, and if we touch it, we immediately discharge the increase of electricity, and a perfect equilibrium is re-established.

If we gaze intensely for a long time at an object, so much electric action ensues that both the eye and the brain become fatigued and give us pain—and to re-establish the equilibrium we have to close the eyes. Travelling in cars or stages where the various objects which come successively under the action of the eye produce a constant and rapid development of increased electric action, causes drowsiness and headache, particularly in persons unaccustomed to much travel—and some persons cannot travel at all, being subject to fits of fainting, arising from this derangement of electrical equilibrium.

Again, let the eyes be bandaged, then, if we are taken into a room in which there are very bright colors, or an intense light, and have the bandage removed, the instant the action is established between these objects and the eyes, we start—the eyes pain us, and we either close or rub them for a few minutes until by a production of equilibrium, we are able to look upon them without pain. Hence, we cannot look long at the sun, the action of its magnetic rays upon those from the eye is too powerful, an equilibrium cannot be established between the two, and we must either cease gazing or become blind.

It is by this principle of action that positively and negatively organized bodies are attracted towards each other, according to the magnetic analogy existing between them; trees and vegetables we find in pairs or matched together, animals mate, and the sexes are drawn or attracted towards each other. * * *

Upon duly reflecting on the nature and power of the electric forces, and upon a complicated series of experiments, and also upon some facts gathered from the labors of others, we were involuntarily led to the conclusion that the vital principle, the nervous fluid, muscular irritability, and every functional operation in the animal economy, is dependent upon galvanic action, and that the proximate cause of all diseases, is a deficient or inordinate action of the same kind; and also, that the activity and virtue of all remedies that are usually administered for the relief thereof, is in proportion to the intensity of the galvanic action excited by them, either general or local; or in the electrical properties of their constituents, and in proportion as they impart or withdraw this principle from the system, or divert its currents.

It has ever been a mystery among the most learned physicians how, or by what law, the most simple article in the materia medica have their ultimate operations. Why a portion of jalap should produce purging, while the same

quantity of ipecacuanha produces vomiting—two effects so dissimilar in their nature, is a circumstance which has hitherto appeared to admit of no explanation. All that can be said by the most experienced men in the present state of medical science, is this: "We know that such and such articles (including the whole class of remedies) do have such and such effects. We know it, because we have tried them repeatedly, and have carefully observed and noted the results, though to be sure without any specific rule or guide."

Now, is not this humiliating? Yet, such is the basis and the very foundation of the whole modern theory and science of medicine. When the electrical influences of the human system, shall be properly and thoroughly understood in all their various bearings, and when remedial agents shall be judged of, and selected according to their electrical properties, then, and not till then, will the art of healing cease to be a blindfolded science.

We will briefly endeavor to illustrate these views. It is acknowledged by all chemists that chlorine gas is one of the most highly electrified substances known, or in other words, that it contains a large quantity of latent electricity. Therefore the proto-chloride of mercury, calomel, containing about four per cent. of chlorine operates in a four-grain dose as a mild purgative; while the bi-chloride of mercury, corrosive sublimate, containing about eight per cent. of chlorine, operates in the same dose as a violent poison. But, it may be asked, why a change in the electrical quantities, should produce such a change in the operation. Let us enquire. This latter compound, the bi-chloride, contains a large quantity of the electric spirit, held in union with solid matter by a very slight affinity, and when taken into the stomach, a decomposition ensues, and the chlorine with its electricity, is set free in a rapid manner, producing an inordinate action (which is inflammation) in the part tending to disorganization. And if disorganization takes place to any great extent,

the regular galvanic action of the system can no longer be carried on, and death is the consequence.

But, if after the corrosive sublimate is taken, we give albumen or mucilage, it tends to counteract its poisonous effects, because the albumen possesses different electrical qualities, which renders the affinity between it and the electricity of the chlorine much greater than that existing between the chlorine and the living fibre of the animal system; consequently the plus electricity in the bi-chloride unites with that of the albumen, forming a neutral, harmless substance, and thus shielding the stomach from its violent stimulus. But in the calomel, it will be recollected, that there is not latent electricity enough in its composition to act in a violent or inordinate manner. "The singular relief," says a late eminent professor, "afforded by the application of flour to the scalded foot of a patient, naturally excited our curiosity and set our mind at work to find out the cause why it, and cotton wool, both apparently inert substances, should be productive of such sudden and decisive benefit in burns and scalds. That this benefit could not be owing to the exclusion of air, seemed evident, from both cotton wool, and flour being too porous to effect this. At length a sudden thought struck us, that it must arise from their non-electric conducting qualities, by which they exclude the atmospheric electricity from the diseased parts. Considering this view to be correct, we consequently tried the effects of non-conducting applications of various kinds, in local inflammations, pulmonic pains, bruises, etc., and uniformly found a similar relief to accrue. Following up their important enquiry, we found that the relief obtained by blisters, cauterizations, and plasters to pained parts, were to be explained upon the same insulating principles, seeing that the articles applied were either non-electric conductors, or that they converted the skin into a non-conductor by oxidating it." * * * * *

"Among the living tissues," says Dr. Copeland, "the

nervous tissue is the best conductor of electricity; therefore, when an electrical current is established through the body, it is transmitted by this texture. If the electrical current consists of only of one of the electric principles, the molecules composing the nervous texture, tend to propel each other, or disunite by repulsion; and if the electric action is very intense, they are actually decomposed, thrown asunder, and compounded with the fatty matter which isolates the nervous fibres; all the functions of the nerves are instantly destroyed, the irritability of the muscles dissipated, and life is immediately terminated."

• The particles or molecules which compose the nerve, are in such cases, repelled or thrown a part, beyond the power of attraction, therefore that principle of resuscitation, called reaction, cannot take place. But in less violent cases, the molecules are not entirely isolated, and the effect amounts to nothing more than a severe shock, in which reaction will directly supervene. These effects in their most severe degrees, are frequently witnessed from lightning, and also in low typhus fever, and in several other diseases of the typhoid type. But we would remark, that in the diseases here mentioned, the nervous particles become repulsed and isolated in a slow and gradual manner. Such being the case, this fact most assuredly seems to point out to us the natural and proper remedy.

In a work written by Prof. Sprengell of Germany, entitled "Institutes of Physiology," we find it stated, "that everything in the human body is governed by polar influence, and by the laws of antagonism; that man is in a positive state of electricity, and that his body is formed chiefly of oxygen; while the female body is in a negative state of electricity with a superabundant quantity of hydrogen as its ultimate principles."

The acknowledged reputation of Prof. Sprengell, to-

gether with the high standing and character of his works, are sufficient to entitle this production to no small degree of consideration and popularity. The statement here alluded to in relation to polarity as being the governing principle in the human system is, we think, placed beyond all doubt. But who, except Prof. Sprengell, would have risked a reputation like his in making such a statement some years ago. Like all other great geniuses, this man seems to have advanced considerably beyond the general state of science around him.

With these discussive remarks, we shall now proceed to explain the phenomena of the Circulation and Digestion, electrically considered. Would our time and limits allow we might have brought forward the evidence of many eminent individuals, who have experimented in this matter, and proved beyond all cavil the identity of the nervous and electrical fluids, such as M. Donne, Dr. Wilson Philips, Dr. Berandi of Turin, Prof. Weinhold, Messrs. Prevost & Dumas, Dr. David, Dr. Gibbes, Dr. Porter, Dr. Ritter, Baron Reichenbach, and many others. We will therefore, merely remark, that it is a matter which is very surprising, that nearly half a century has now elapsed since Galvani first demonstrated the animal body to be a perfect and delicate galvanic machine, and yet in relation to the influence of electricity or galvanism, upon what is termed organized matter, there has been, comparatively speaking, but very little written or known. We marvel, therefore, that the cause of bodily growth, the performance of its various functions, its diseases, and its decrepitude in old age, should not, heretofore, have been ascribed to galvanic action, seeing as we do the analogous changes it is capable of producing in dead matter submitted to its influence, whether animal, vegetable, or metallic, in the most common experiments of the class room.

It will be necessary to state here that acids are in a

negative condition of electricity, while alkalies are in a positive. Prof. Turner in his excellent work on Chemistry, observes, "The acids and alkalies, however, are indifferent to elementary substances; their affinities are exerted towards each other, and by uniting they give rise to compounds more complex than themselves, as containing at least three elements, and which are known by the name of salts. Acids and alkalies possess opposite electric energies in relation to each other, the former being negative, and the latter positive. The electric energies evinced by them are related to the electric energies of their elements. Thus acids generally abound in the electro-negative oxygen, and if they contain a metal, it is usually an electro-negative metal; whereas the powerful alkalies are the protoxides of electro-positive metals."

It may also be serviceable to mention here the character of the fluids necessary to digestion.

Tiedemann & Gmelin, assure us that when pure, the saliva is always alkaline. Dr. Donne and Boudet have made similar statements—and the analysis made by Berzelius and Mitterlich corroborate their statements.

The gastric juice has been proved an acid by Beaumont, Silliman, Dunglison & Emmitt.

Tiedemaun & Gmelin having examined the pancreatic juice of several species of animals, found it always acid when the animal was in full vigor.

The analysis of the bile by Cadet, Thenard, Berzelius, Prout, Tiedemann and Gmelin, prove it to be alkaline. Thus the saliva and bile are alkaline, or electro-positive, while the gastric and pancreatic juices are acid, or electro-negative in their electrical relations towards each other.

It is a well established physiological fact, that the human body is constantly undergoing a complete change, both of the fluids which enter into its composition as well as

the solids; or in other words that all the substances of which the system of man is composed, are constantly and incessantly decomposing and passing away, are as unceasingly formed from our food. For instance, if a person during an attack of disease be kept without food for a certain time, he becomes pale and emaciated from the decomposition and loss going on, but recovers his flesh and healthful appearance as soon as he is able to partake of a sufficient quantity of food—this, however, takes place, if the person be healthy, in only a minor degree.

It is generally agreed upon by philosophers, that a thorough change takes place in about every seven years, that is, every seven years furnishes in the same person a complete new material existence, that all the blood, muscle, bone, etc., which composed the body seven years ago, have all passed away, and that these fluids and solids now consist of entirely new matter or depositions, which have been produced out of the food we have eaten; I believe, however, that no time can be assigned for this complete change of the physical system, as some persons consume themselves much more rapidly than others, it may be in six months, a year, or even ten years, depending on the health, habits and temperament of the individuals.

The putrescent or decomposed particles which are unfit to dwell in the system, would, of themselves, become a source of disease were they allowed to remain, hence, we have been supplied with certain organs which carry them off; the lungs excreting the carbonic acid gas, the liver the hydrogen, and the kidneys the nitrogen, from which may be seen the imperious necessity of maintaining a state of health in all these excretory organs, and more particularly, as an unhealthy state of any one of them, by deranging its electric equilibrium and antagonistic relations with other organs, must necessarily to a certain degree involve all these others.

Food, after being well masticated, and divided into small particles, which operation is imperatively necessary, in order that the saliva may intimately mix with it, is received into the stomach, where it is acted upon by the gastric juice, which reduces it to a homogenous pulp called chyme. We perceive here, an electric action established from the very first reception of food into the stomach; the saliva, which should always be well conjoined with the food, is a positive electric, while the gastric juice is a negative; by their action upon each other, upon the natural electricity of the stomach, and upon the latent electricity of the molecules of the food which action is an endeavor to produce an equilibrium between the three, heat and motion are produced—and as decomposition of the matter thus acted upon is always the result, we find the same effects to ensue in the stomach—for as soon as the equilibrium has taken place, the food has changed its original character, and we now call it chyme, which is a perfectly neutral substance.

Now it is a law of electricity, that when neutral substances are opposed to a substance in an electrical condition, they assume the opposite. Hence, the bile which is an excretion, being in a positive state, constantly excreted, while the pancreatic juice which is a secretion, is only given out in quantity while the chyme is in the duodenum—it follows that the duodenum is in a positive state—consequently the neutral chyme must pass over into the negative electric condition; and in accordance with one of the fundamental laws of electricity, "*that substances in an opposite state of electricity attract each other,*" the chyme is attracted into the duodenum, where it undergoes another change, being acted upon by the pancreatic juice, and the bile.

The pancreatic juice being in a negative electric condition, and the bile in a positive, and which through attraction commingles with the chyme, similar to the saliva with the

food—electrification is again produced—an equilibrium between the forces of the chyme, bile, pancreatic juice, and duodenum is again established, the result of which is a nutritive or elementary combination of the more highly organized portions of the food, and which is called chyle. We would remark here that this action must always be electrical, and never chemical, because were it chemical, what is the peculiar process which modifies, disturbs, or completely suspends the action of the formation of chyle by the receipt of sudden news, passion, etc. And again, it is well known that chyle is manifested in the duodenum simultaneously with the appearances of the biliary and pancreatic fluids, and its formation is as suddenly suspended by any of the causes just mentioned. We deem this rather a singular chemical process. But we have already adverted to the fact that even chemical changes depend upon electric action.

When the ductus communis choledochus is tied so as to prevent bile from passing into the duodenum, the process of chylofication will continue for a limited time; the chyle however, produced under such circumstances, is neither pure nor healthy, and death speedily ensues. In this case, by that tendency of electricity existing in the system to produce and maintain an equilibrium in all parts where there is a derangement—the neutral chyme in the duodenum, is made to pass into the positive electric condition, antagonistic to the negative pancreatic fluid, and thus acts as a substitute for the bile, from which results an imperfect chylofication, which however, as in all cases of obstruction where the natural animal electricity is capable of removing them, determines in irritation, inflammation, and decomposition or death.

T. HODGE JONES, M. D.
(TO BE CONTINUED.)

"Pap, what is a divine healer?"

"A female physician, my son."

A. W.

ELECTRO-THERAPEUTICS DEPARTMENT.

ELECTRO-THERAPEUTICS—ELECTRICITY.

BY GEO. W. MOORE, M. D., PARSONS, KAS.

Believing as I do that electricity is one of the best remedies that nature has given us, and that it is not studied by physicians as it should be and desiring to see it in more general use I shall endeavor to write a few plain articles upon this subject, hoping that some of the many physicians who may chance to read them will be induced to investigate the merits of this greatest of all nature's remedies. I shall simply state cases treated and outline how cases may be treated in a general way so that any beginner may easily follow directions by using a little tact of his own. Will write on Galvanic and Faradic currents, and above all the use of Static Electricity and X-Ray light. Will devote no space to any particular makes of kind of batteries, or machines, leaving that to the manufacturer.

Telling how I treat certain kinds of cases and why in particular cases I employ certain *modus operandi*, why they are best and what we may expect; all intended for the busy doctor who has not the time to study out the minutia or the whys and wherefores in the many different cases that may come to him for treatment, outlining as it were a few cases so that he will be enabled to treat patients intelligently and successfully.

To those who are well posted on this subject if you don't like these articles or my plain way of telling what I know, just give us something better. No matter how much I steal from others if it is good and I can induce more physicians to place their shoulders to the wheel and do something on this line then the intent of writings will have been attained but I shall mostly depend upon facts gained by ex-

perience in practice as well as what I gained while under competent teachers in Chicago and elsewhere.

One of the advantages static electricity has over other currents is that it requires no disrobing of patient. This is no small item, especially to well dressed ladies as well as patients who have stiff joints or are lame from any cause, also saves time for the busy man in his office. The current passes through clothing, especially woolen or soft woven goods; and in many cases is better than to apply current direct to skin. My experience is, as well as that of others, that static electricity will increase the heart beat ten to fifteen beats per minute when they are too slow, or if too fast it will reduce the number; it will regulate functionally deranged temperature. In neurasthenic cases that have sub-normal temperature it will restore the temperature to normal and the patient to a feeling. One reason why it improves many of these cases is because it increases the excretion of urea, and lessens the uric acid in the system by promoting oxidation. It improves the appetite and increases the weight and makes the skin perform its proper functions.

The static spark is a powerful stimulus to nerve and muscle function, and imparts tonicity, lightness, buoyancy, and tone to the relaxed and enfeebled muscles. It first causes a vaso motor constriction, blanching the skin, continued, this soon is followed by a dilation of the capillaries and the skin becomes red. Consequently static electricity is a regulator of functions. It adjusts to normal action the heart, respiration, pulse, temperature, oxidation, secretion, excretion, nervous irritability, and sleep. It increases metabolism so a person can absorb more oxygen, and this mere improvement in nutrition is a vast power for good, and alone suffices to correct many morbid states: as gout, rheumatism, neurasthenia, neuralgia, anemia and various symptomatic derangements.

The spark by its powerful mechanical disturbance sets

up a great molecular change and acts as a stimulating massage. It thus affects the nutrition of a part, dispenses exudation material, and promotes absorption. Thickening of joints, tendons and muscles, localized œdemas, effusions, etc., are reduced by strong, thick static sparks.

Allow me to state that static electricity will do all of this and thousand times more if properly handled.

Case 1. Mr. Mc., age 27, American, baggage agent. Articular rheumatism both ankles and feet affected; could scarcely walk with crutch and cane; came to my office for treatment. Some swelling of feet; great pain when standing, especially when going down stairs; had been treated by other physicians and one Osteopath; gradually grew worse; urine contained some albumen and phosphates; bowels constipated; feet sweats profusely.

Placed patient on static platform connected by rod to positive side of machine, neg. grounded, sliding poles one and a half inches apart. Machine run fast. Treat for thirty minutes, then connect brass pointed spray electrode and sprayed ankles for ten minutes; treated every day for seven days, then three times a week for two weeks, then twice a week for two weeks. No medicine except dose or two of podophyllin to move bowels and dose of sul. magnesia. Soreness gradually grew less from first treatment. Patient discharged as cured at end of six weeks, and returned to his work as baggageman at depot. Has been no return now in six months. Has gained twenty-five pounds in weight. This is only one of the many cases similarly treated, but note how treated.

(TO BE CONTINUED.)

"Is he a successful physician?"

"No; he has a valuable practice; but he has never discovered a new microbe of any kind"

A. W.

SOUTH SIDE VILLA.
(Home for Invalids.) Thomasville, Ga.

JOHN URI LLOYD.

We of the North, in these unceasing winter months, come to long for a ray of warm sunshine, a bath of fresh sweet temperate air. This we crave even we be well and strong. To the invalid of these frozen lands, whether he be shut up in his hot-house, furnace heated air, contaminated with gas and foulness, or be alternately shivering and perspiring in the ever changeable temperature of a grate or stove as the fire runs up and down, this indescribable longing for a touch of the out-door, a breath of sun warm air, is intensely pathetic. Every physician has, during the winter season, a patient or patients in just these conditions amply able to pay the expense of a trip to the South, able also to pay for medicine and treatment. But not every physician knows just where to commend the patient in confidence that the medical treatment may not be so cruel and heroic as to harm the patient more than can be counteracted by nature's blessings.

With a view of suggesting a location that may serve some of my readers, I write this article of my own volition, without the knowledge of the parties concerned. Should I be one desirous of finding, especially for a lady or a child, a quiet, home-like Southern location, either in the spring or fall (probably in the very cold months the weather here is also chilly) not too far South, a location where the balm of the pine tinctures, the warm breezes, where walks and drives abound, where the physician in charge has my confidence I should think of the home-like institution that heads this article.

The physician in charge, Miss Lena R. Whitford, M. D., the daughter of Dr. H. P. Whitford, Bridgewater. N. Y.,

has earned from me this confidence as a physician by application to her studies and in her subsequent attention to the professional side of life. She has heired continued confidence by reason of my regard and respect for her aged father, one of the physicians of the Eclectic school of the olden time. She believes in kindly medication, she will neither torture nor crush the life out of a frail creature needing strength and life, she will give to your patient the comprehensive care that one in need of genial sunshine, warmth, life and vitality needs. This I say because I believe it proper and just to say it, because I believe this article may serve some physician seeking just such a chance for an invalid who longs and needs a restful change such as might come in this home-like dwelling "Down among the Pines." This I reiterate I say of my own free will because while many such locations are open, not often do we find a place where as I see medicine, heroic medication is not a factor to be apprehended if not feared. I say it too without the knowledge of any person concerned.

THE EXPERIMENT.

BY ALEXANDER WILDER, M. D.

Boggs, Dunston, Cochran, and Spencer, of the senior class of the medical department of the university, roomed together two blocks from the hospital. They had a large but drearily and scantily furnished apartment on the top floor of one of those queer, old-fashioned brick buildings in that section, the first floor of which was occupied by small stores, the second by factory lofts, the third by storage rooms, and the fourth divided into sleeping and living apartments for students and members of the hospital staff. Every whiff of outside air that came through the windows of their rooms bore the odor of the nearby gas houses, or the smell of disinfect-

tants from the Morgue, but the young men were earnest and energetic students rushing through college and the hospital course on scant allowances, therefore they saved time and money by rooming near the lecture hall and operating department.

Boggs and Spencer were making a specialty of the modern fad of the profession and studied nerves, dissected nerve tissue and talked nervia outside of regular hours, until Dunston and Cochran, engrossed in the regular course, protested that rooming with cranks was becoming destructive of proper nerve and mental development. The two students of a specialty already gave promise of becoming experts by disagreeing on every problem. They would spend an hour in heated dispute over the question of direct or secondary connection between the medulla oblongata and the occipital lobe, without so much as agreeing upon the connecting relation between the two of the temporal lobe. Boggs was desperately earnest and serious in all his studies, researches and theories, while Spencer possessed enough of the saving grace of humor to relax his own nervous system occasionally by jesting at the expense of science.

On a certain cold and stormy night in December the four students, after a hard day at lectures and in the dissecting room, put aside text books at 10 o'clock, sent for a can of beer and some sandwiches, filled their pipes, and for a time relaxed their minds by conversation of other scenes and other days. Merry laughter and snatches of song rang out a faint but cheering chorus to the rack and roar of the storm outside, and as the smoke rolled up and the beer went down in swelling gulps the spirits of the students grew boisterously cheerful—all save Boggs. With wrinkled brow and glances fixed on space Boggs puffed hard at his pipe and mused in silence until Dunston gave him a slap on the back that brought him up and around with a jerk.

"Don't do that, my dear Dunston," he said in a tone of

mild protest. "You see, a blow on the back, even a mild one in fun, may——"

"Break it off there, Boggs, break it off—just for tonight, as they say in the song," cried Spencer, jumping up and doing an imitation skirt dance about the room.

A look of reproof bordering on disgust spread over the face of the senior student of nerves as he refilled his pipe.

"What is his new bug?" asked Cochran, who divined that some original professional theory was untold out of rebuke of the levity of Spencer.

"Why he has discovered the cause—the real cause, understand—of brain fever, nervous insanity, apoplexy, brain clots, paralysis and—oh, I don't know how many other things. All nerves and the dislocations of nerves. You hit your funny bone, and off your base you go. Hal hal!"

"Mr. Spencer, such levity on a serious subject is unwarranted!" said Boggs, quietly.

"Oh, the great I Am
Was King of Siam,
And he knew a thing or two!"

sang the jolly young student, who was determined that for one evening the serious side of the profession should not cast its shadow over the cheer of pipe and beer.

"What is the new problem?" asked Dunston, who had been impressed and interested by the manner of Boggs, because he knew the latter to be a careful and diligent student.

"Hardly a problem, merely an investigation I am making to determine the exact relation of certain nerves and nerve lines to the brain and spine and the diseases of those parts."

"Great field for study and experiment," Dunston replied, as he refilled his glass from the can of beer.

"All imagination and fiddlesticks! Call Mike and push the can," said Spencer, who was determined that he would not be serious.

"Mere difference of opinion, Mr. Spencer," said Boggs, somewhat sternly. "I contend that any injury to the iliohypogastric nerve or the musculocutaneous nerve is communicated directly through the medulla oblongata to the brain, and is in a large majority of cases the primary cause of brain and nervous disorders."

"The King of Siam
Was the great I Am!"

"Hey, Mike, amble along here and refill this can or I'll disturb your musculospiral nerve centre!" shouted Spencer.

Mike McGarr, the patient, plodding, unemotional janitor and general factotum of the building, came in after a few words of badinage, with the students who were his good friends, picked up the can, and went out to have it refilled.

"Boggs, you lack imagination," said Spencer, turning back for more good-natured chaffing of his friend.

"You like sense at times," the student of nerves retorted with a show of anger.

"What you call nerve waves is the throbbing of untrained imagination."

"Let us drop the subject for the present, if you please!"

"Tell you what I'll do with you, Boggs! Bet you a new pipe I can give Mike brain fever or cramp colic in twenty-four hours by talk and tapping with my fingers on his thoracic or cervical nerves."

"Mr. Spencer, you cannot jest with me on a serious matter."

"Poor Boggs, you need more funny bones."

"In my theories and studies I am merely following in the footsteps of learned specialists. You have read the results of Kronin's experiments in Vienna, of Cautin's demonstrations in Paris?"

The return of the janitor with a can of fresh beer cut short the discussion. The man was paid for his errand and turned to leave the room, when Spencer sprang up and

catching him by the arm wheeled him about to face the light.

"What's the matter, Mike? You are ill."

"Quit your foolin', Doc, don't play jokes on the old man," said McGarr with a laugh.

"Mike, I am afraid this is no joke!" and Spencer tapped lightly with his fingers the upper left side of the man's chest over the thoracic nerves. Then with a sly wink at Dunston and Cochran he suddenly tapped sharply with one finger over that sensitive nerve at the base of the brain called temporal lobe.

"You have a slight, dull pain right there?"

"Really, I believe I have, sir," said the janitor, his face becoming grave at once.

"A peculiar-tingling, stinging sensation along here?" and the student passed the edge of a sharp finger nail quickly over the line of McGarr's supraclavicular nerves.

"That's right, sir," and the man winced as if he felt sharp pain.

"Here, Dunston—Cochran, see what we can do for the old man. We must not let Mike get sick in this weather. Feel here!" and Spencer deftly pinched the back of the janitor's neck.

"Marked muscular distension there?" said Dunston with a shake of his head as he passed a hand over the spot indicated.

"What's the matter with me, sir?" Mike asked and his tone indicated genuine alarm.

"What do you say Cochran? Spencer asked.

"I should not attempt a final diagnosis without a further study of the secondary symptoms. It may be an acute distemper of the musculocutaneous nerve or merely a congestion of the medulla oblongata," said Cochran slowly.

"What treatment would you advise?"

"A mild hypodermic of aqua pura to-night; a warm

cloth to the neck and very hot footbaths. The patient should be kept in bed until to-morrow, when we may expect the final, or at least the secondary stage of the malady."

"Precisely the treatment I should recommend," said Dunston.

"Sure sirs, my head is all going 'round and 'round it is that bad," cried Mike with something of a wail of distress and alarm.

"Don't be frightened, old man! We shall help you down to your room and see that everything necessary is done for you. To-morrow we shall have the professor come over after the clinic and examine you," said Cochran.

"You are very good, sir."

"The hypodermic! He should have that injection at once," suggested Spencer and with a pocket instrument he squirted a few drops of water under the skin of McGarr's arm.

Then the three students assisted the janitor downstairs to the basement room where he slept, bathed his feet in hot water, put warm towels on his neck and forehead and left him finally with a promise to look in early the following morning. As they turned to rush out of the room that they might indulge their long-pent-up laughter, they met Boggs at the door.

"You may have made a mistake," he said quietly.

"Oh, he's doing nicely," said Spencer. "Look him over!" And the three joking students ran up stairs leaving Boggs with the patient.

The beer can was again empty and an hour had passed when Boggs came up with a very grave face.

"Well how's the patient?" Spencer asked.

"Gentlemen you meant no harm, I am sure; perhaps it was fortunate that your joke led to the prompt discovery of the case, but McGarr is a very sick man."

"Cramp colic or brain fever?" and Dunston and Cochran joined in the laugh.

"There is a serious disorder of one of the nerves that leads to the brain. The exact nature of the trouble may not develop for several days, but when it does you may modify your views of my theory that in many cases we should strike at the cause rather than reduce or nullify the effect."

"Why does a bird fly up into the air?" asked Spencer in a voice as solemn as an owl.

No one answered, but Dunston hid his face in the beer can in a vain attempt to drain out one more drink.

"To get off the earth" and the three jesting students laughed at the improvised conundrum as if they thought it really funny and Boggs a person to be taken seriously.

When the three students slipped down to the basement the following morning, leaving Boggs asleep, they agreed among themselves that the joke on McGarr should be kept up that day and night, and then they would cure him by explaining the true situation and treating him to an extra allowance of beer money to keep down his temper. For a moment they felt some misgivings when they found that Mike had a slight fever with unusual dryness of the skin, and complained of a headache. He had not slept during the night, but his nervousness over imaginary symptoms of an unknown ailment would explain that. They gave him some bread pills and a spoonful of water, slightly colored with vinegar and molasses, and warning him to keep to his bed promised to bring over one of the professors during the day.

After lectures Dunston, made up with a false beard and reversed ulcer, impersonated an eminent specialist from the university and in the darkened basement room frightened Mike McGarr half out of his wits by a diagnosis stated entirely in jaw-breaking technical terms. A second hypodermic of water convinced the patient that he was a very sick man.

Boggs spent most of the evening with the janitor and when he joined his friends upstairs, his face, although grave, bore traces of a smile of triumph or satisfaction.

"Gentlemen, I was right in McGarr's case, and I am now confident I have located the trouble. It is not so serious as I feared, merely an acute inflammation of the upper portion of the musculospiral nerve. We may be able to arrest it at the medulla oblongata and prevent it reaching the brain. In that case no serious results need be feared."

"Oh the great I Am
Was King of Siam!
And he knew a thing or two!"

chanted Spencer as he refilled his pipe.

"Boggs, you have probably turned the joke on us," said Cochran, who was quite serious.

"Joke? I do not understand."

"Why, we were merely fooling with Mike. Of course there is nothing the matter with him and we are going to tell him so to-morrow. Your joke, however, is better sustained than ours, so we will call it off. It was Spencer's idea to show the power of properly directed and stimulated imagination in the case of a most matter-of-fact and unimaginative person."

"Mr. Cochran, I assure you I have not been joking. I have examined the man very carefully and am sure of my diagnosis."

"And we are equally sure there is nothing the matter with him except a good scare," said Dunstons. "Ours was merely an experiment. Keep up your joke or bluff, Boggs. We shall have Mike up making our fire to-morrow."

"I think you will find McGarr quite ill to-morrow," said Boggs quietly, and without another word he went to bed.

When morning came the weather was bitter cold and Spencer, Cochran and Dunston took turns shouting down the dumb waiter well to the basement for the janitor to get out of bed and come and make their fire. Half an hour passed, and there was no response. Then they heard some one running heavily up the stairs.

"Hey, Mike, is that you?" Spencer shouted.

"No, ita Joe," came the answer in a trembling voice, recognized as that of the Italian assistant of the janitor.

"Where is Mike?" asked Dunston as he opened the door.

"Please sir, Mike, he dead, sir!"

MICROBES NEGLECT THEIR OPPORTUNITIES.

A family group of microbes have sat for their picture in New York, and been photographed from a gelatine plate. By this process, it has been shown that in a clean, well-swept up town residential street only five isolated colonies of microbes could be found on the plate, while in a street lined with tenements "10,000 confluent colonies" were found. It needs no other evidence that in the crowded parts of the cities, where the garbage carts are few and far between, the disease germs are out of all proportion to the more well-kept sections. Notwithstanding the prevalence of these armies of microbes, it is noteworthy that healthy human life thrives, and that even there, the death rate is not extraordinary. With all we hear about microbes and germs nowadays, there is no visible appearance of deterioration in the health of janitors, scrubwomen, carpet and rug beaters, who live in a veritable cyclone of germs. The persons who sweep the great office buildings, who beat the dust from the mattings and draperies, are as bright of eye, as rosy of complexion and as vigorous as people who live in a semisterilized atmosphere, boil their water and bother their brains with a search for pure air. Considering the countless numbers of microbes there are, very few of them ever seem to really "get busy." They must be of an indolent disposition.—[Ex.

MISCARRIAGE CAUSED BY LIGHTNING.

BY A. J. JAMIESON, M. D.

On the 26th Mrs. K. was gathering corn in the field, during which time an electrical storm came up and the

lightning bolt struck a tree some twenty yards away from where she was and the concussion was so great as to cause vertigo, she soon recovered and got home and did not complain of anything until Monday morning the 28th.

I was summoned to her wants and after receiving all the information possible I examined her externally but could detect no injuries upon her; but at the time she was complaining of her back hurting, and her abdomen was very sensitive to pressure. I made an internal examination and found womb open the size of a silver dime and I told the lady what was going to happen in a short time. I visited the spot where the lady had been gathering corn, and look-around I saw a tree that had been struck by lightning, and the fragments I found all around the tree, some thirty feet away.

I returned to my patient and found her in labor. In less than two hours the foetus came out and to my surprise half of the child was nice and clean, the lower extremities were covered with coagulated lymph and blood. It looked to me as if she had been hit on the abdomen, but she said not, but she said she remembered of some water passing from her when she started to go home. So all was delivered and my patient was easy. I got into my buggy and went home. Early the next morning a call came saying, "my wife is dying." I responded to the call and arriving at my patient's bedside I found her in pain and a high temperature of 104° , and her abdomen puffed up like a lady nine months gone. I prescribed specific tinctures for her fever and warm applications to the abdomen. Used for a wash carbolic acid q. s. in warm water night and morning, and ordered slippery elm drinks when needed. In a few days my patient improved rapidly, and in six days she was able to sit up in bed. So I discharged my patient and she returned her compliments by sending me seven pounds of honey and a load of wood.

Such is the life in the far West for a country doctor.

SOCIETY NOTES.

EDITED BY H. H. HELBING, M. D.

—Dr. T. A. Son, class of '99, located at Bonne Terre, Mo., writes us that he is doing plenty of business and that he wants two good Eclectics to locate in his vicinity. He is rather lonesome; besides there are two fine places for Eclectics. Write him.

—We have received many responses to our appeal for dues owing the state association, but doctor you haven't responded yet. Make haste and send the amount you owe.

—Let us begin to make preparations for the Kansas City convention. The exact time of meeting will be announced in the next Journal. In the mean time send me the title of your paper you will write for we want your help mentally as well as financially.

—The Eclectic Medical Society of St. Louis had a fine meeting at the Lindell Hotel, Tuesday evening, January 13th. Dr. E. Younkin read a Journal article the subject of which was "Specific Medication the Distinctive Feature of Eclectic Medicine," which was listened to with marked attention.

The by-laws were so amended as to make the meetings once a month, being the second Tuesday evening. Our next meeting will be Feb. 10th at the Lindell Hotel.

The following were elected officers for the ensuing year: Dr. E. Horace Johnson, President; Dr. C. J. Baldrige, Vice-president; Dr. W. A. Smith, Secretary; Dr. J. L. Ingram, Treasurer.

After the society adjourned, the Equal Rights League held a meeting and decided to send two delegates to Jeffer-

son City that we may look after our rights. These delegates are instructed in the first place to put in motion influences that will defeat any partisan measure detrimental to our welfare; and in the second place create a sentiment in favor of a bill which we will endeavor to introduce in the legislature creating a separate board of medical examiners, one for each of the three dominant schools of medicine, which will have jurisdiction over all doctors who administer medicine for the cure of the sick.

This seems to meet the favor of all Eclectics as well as Homeopaths, and if we are not a unit we should get in line as soon as possible. Let us not stop short of this. We may not accomplish our desires this year but eternal vigilance will free us from the bonds that now shackle us. Let us not be deceived by the wiley one and accept anything short of equal representation, or at any rate be allowed to attend to our own business when it comes to examining candidates for license to practice medicine. We don't care for legislation on this point, but inasmuch as it is forced upon us we will oppose anything that has for its object our intimidation or annihilation.

It may be necessary to show that we have power to defeat objectionable or partisan measures before a sufficient number will join us to carry our bill. However our cause is just, it embodies equal rights, involves the state in no expense, is the same as laws that have been passed in many states and will eventually become national in its scope.

In the mean time send your contributions to Dr. J. C. Huntley, 1396 Blackstone avenue, St. Louis.

—Dr. H. D. Quigg, of Blackwater, Mo., writes that he thinks our allopathic neighbors cannot have a bill passed this session of the legislature that will annihilate us. We share the doctor's opinion and believe that not only will they pass a partisan measure but that one will be passed giv-

ing us our rights. Dr. Quigg is a member of the State Legislature, and we are glad that he is one of our staunch Eclectics. Wish more of us were like him.

—Drs. C. H. and I. F. Burgin, class of '98, of Bethany, Mo., say that they will help all they can to hold up Eclecticism to the end. That's right, boys, we need all the help we can get. Let us give a long pull and a strong one all together.

—Dr. Huntley says he is surprised at the sympathy manifested by the legislators for our cause. He believes our bill will pass, but we must not be too sanguine for we might get lazy. It will be necessary to send delegates continuously and repeatedly after the bill is introduced in order to create more sympathy and get votes. Besides we must get votes by not only appealing to legislators themselves, but to those also who have influence with the legislators. Appeal by correspondence as well as personally. Each of us individually must assume this responsibility. Work, work, work; and send money to Dr. Huntley, for this fight will be expensive. The two delegates had to stay at Jefferson City four days to accomplish results.

—The Equal Rights League received a fine contribution from our college at Kansas City. We are glad they too see the necessity of helping the cause along, and have grasped the opportunity of lifting Eclecticism to the plane it should occupy among medical schools. It looks now, brethren, like we will obtain results sooner than we anticipated.

SELECTIONS.

TYPHOID FEVER.

During the past three years, I have treated forty cases of typhoid fever, and out of them all there has been only the three deaths which I have reported. Please do not infer from these reports that all my cases were among the poorest and filthiest class—far from it; but I have purposely reported my worst and fatal cases.

Now, in regard to treatment; it is first and most important to consider what NOT to do. There are three points which I wish to emphasize, viz.: *no cathartics, no opiates and no quinine* should be given a patient sick with enteric fever. Experience has taught me that these agents are injurious, and often send patients to the grave prematurely; and when I know of so many fatal cases of typhoid fever which have received some or all of these agents, I am the more firmly convinced that there is a better way of medicating this class of patients.

It is in this much dreaded disease as in other serious diseases, that the superiority of prescribing for pathological conditions over the old and erroneous methods of treating diseases by names, is demonstrated—the pleasing and life-saving effect of specific medication, if you please; not specific for a name, but for a diseased condition, pointed out by certain unerring symptoms.

I cannot tell you how to cure enteric fever, nor the remedies I will administer in my next case, as each case differs from all others in some particular, and more specially in different seasons. Each case should receive such remedies as the conditions of the case demand—such as are indicated.

* * * * *

The dilated pupils, the epistaxis and the comatose condition call for belladonna.

The dry, beefy tongue, with a dark, dry streak in the center; the sordes on the teeth, and the dusky-colored cheek, say distinctly, baptisia and echinacea.

The prominent papillæ on the tongue, the extreme rest-

lessness, and occasional sharp pains, indicate rhus tox.

The full, broad, pale and heavy-furred tongue, with a nasty, sticky taste in the mouth, show an acid condition, and call for hyposulphite of soda.

Last, but far from being of least importance, I wish to call your attention to carbo vegetabilis, which, in many cases, will do more toward controlling this fermenting process in the intestines, than any other remedy to me known—the distended abdomen, the borborygmus, the ochre-colored “pea-soup” fecal discharges, the ulcerated Peyer’s glands, and the hemorrhagic stools, all call loudly for “charcoal.” —[J. D. CRUM, M. D., Chicago Medical Times.

Magnesium Dioxide.

A discovery has been made recently which is claimed to be a remarkable achievement in chemistry and of considerable therapeutic value. Dr. Frederick Elias, a Berlin scientist, has succeeded in evolving by a chemical process of his own devising, a magnesium dioxide (MgO_2) which he asserts is capable of emitting a large amount of diffusible oxygen throughout the system. This preparation, which is not a synthetic product, occurs as an impalpable white powder, tasteless, odorless, non-astringent, non-irritant, non-toxic, and insoluble in water. Dr. Henry Leffman, Professor of Chemistry in the Woman’s Medical College, Philadelphia, and Vice-President of the British Society of Public Analysis, has analyzed magnesium dioxide and makes the statement with regard to its composition that it contains no barium, strontium, or calcium compounds. It is free from sodium dioxide and caustic potash—therefore possesses no caustic properties. It is also declared to be capable of exuding large quantities of diffusible assimilable oxygen. It is claimed that this preparation exerts beneficial effects in the treatment of diseases arising from deficient oxidation. If magnesium dioxide be as easily absorbed by the capillaries as is stated to be the case by those who have tested it clinically, it should prove a therapeutic remedy of much value. —[Medical Record.

FEVERS.

BY T. J. TABOR, M. D.

I have just finished reading the American Medical Journal for January, 1903. This Journal has been my guide, so to speak, twenty-seven years. Excuse me, readers, for referring to a few things, that are foreign to the text proper, of my article.

I want to congratulate my old friend J. B. Mathews, M. D., of Blue Mound, Ills., upon his success. He and I stood in the same graduating class, that of 1876. Fun is sometimes enjoyed by all of us—and to refer to one of the "quizes" given by our much loved Professor Pitzer will illustrate what I mean. Once the professor came into the lecture room, and told the class that, My subject gentlemen, this evening is on the "functions of the liver," and I will ask Dr. Mathews, whether the liver is a gland or a gut? whereupon Mathews said: "Well, Professor, from the best information I can get, I think it is a gut." I do not remember to have laughed since as I did then.

The next thing is reference to Dr. Quigg's article on *Echinacea Angustifolia*. I have never suffered myself to go so wild as to run off after these new remedies and give tea spoonful doses every four hours. Who knows but that such indiscrete doses, to the neglect of directly indicated remedies, caused the deaths of five of fifteen.

The doctor says: "I am firmly convinced that typhoid fever cannot be aborted, cut short, or materially mitigated by any treatment at our command," etc., etc.

This kind of talk has grated on my ears, used by my old school brethren so much recently, that I can not refrain from referring to it. Typhoid fever is so rare that many cases are so called because of conditions presented being typhoid-like; so when the doctor uses the term typhoid, my guess is that the majority of his cases, thus styled, are ugly forms of

old-fashioned remittent, or what are now called typho-malarial fevers.

I believe Dr. Quigg is correct when he says typhoid fever is "so and so," but judging from the long experience the writer has had and the hundreds of cases of all sorts of fevers treated by him he concludes that nine-tenths of the so-called typhoid cases were not typhoid but some form of continued malarial fever. Now for the Doctor to claim that these last named fevers are not aborted, cut short, etc., is misleading.

I remember to have been called in consultation with a brother allopath some ten years ago. I found the Doctor sitting by the bedsides of our patient keeping his parched lips wet with a rag dipped into cold water occasionally. He rose, treated me nicely and invited me to examine the patient. I found him, a man thirty years old, suffering with an ugly form of remittent fever. We took "our" walk, when the following dialogue took place: Got a bad case of typhoid on our hands, doctor. No sir, said I.

Do you not think, doctor (said my friend) that we have got a case of at least twenty days? No sir.

How long then do you think he will have this fever? Perhaps two or three days, perhaps no more after to-day, I responded.

He said "Well, if you can cut short this case, that way, I will let you have your way and I will be a spectator;" and he requested me to go forward.

Having found the man eructating a mouthful of vitiated material occasionally and learning that the doctor had had him on calomel, small doses of ipecac, and heavy turpentine stoops over the bowels for three days, I proceeded to administer an old-fashioned lobelia "puke," in response to which was a disgorgement of two gallons—no lie—two gallons of pot-liquor looking stuff, green, blue, black, mixed with mucous of a tenacious, ropy consistency.

The Doctor's eyes were wide open, his breathing deep, and disgust painted on every feature. The odor of the mixture in the tub was fearful. Of course this was soon removed. The patient's face bathed with cold water and dried only to be rapidly moistened again with the fast oozing perspiration, that my medical friend called "exosmoses," to which of course I agreed. After waiting half hour I gave full ten grains quinine with one grain piperine, and ordered a pill made of nucis vomicea one-fourth gr.; quinine, two grs.; piperine one-half gr.; one to be given every four hours.

I had another nice talk with the doctor, kept nothing hidden—left the case with him and telling him privately to continue this, about two days, when our twenty-day fever would be cured. I departed; the patient had no more fever.

The forms of these continued malarial fevers are so varied in conditions, that hardly any two of them have the same treatment indicated. If I find red tongue, high fever and restlessness, I prescribe bromide sodium and gelsemium in sensible and sufficient doses to control high nerve tension, giving the following:

R. Muriatic Acid, gtts. xx.
Aqua, - ℥ij.
Scalepepsin pure, ℥j.
Glycerine pure q. s. ℥iv.

M. Sig. Give one teaspoonful in a little water every four hours.

I begin at midnight, in ninety per cent. of these cases, every night with quinine and piperine, and give every two hours until three doses are given, with an occasional, as necessity requires to modify the action of the quinine, four or five grains of acetanilid comp. If my patient is hard to get to perspiring I pack bottles or jugs of hot water about him, and remove when my object is accomplished. When I find one of these fevers and the tongue is not red, edges or tip, I

leave off the hychloric acid and pepsin, and I prescribe

R̄ Aconite, gtts. xxx.

Tinct. Nux Vom. ℥j.

Aqua, ℥j.

Glycerine q. s. ℥iv.

Mix. Give one teaspoonful in water every four hours.

In every case that I find "spitting up" or nausea without red tongue, I call on lobelia to help me out and it is never failing. Many times where there is nausea, even with a red tongue, I give a gentle emetic, more often than not, the pepsin and acid gives prompt relief. One thing particularly, I wish to note, my purges are from the administration of saline salts, phos. sodium, Epsom salts, etc. Some will ask: how about your cases with sordes on the teeth, low muttering, delirium, and other forms of a low variety. I have never met with but few who ever reached these condition, when I do, I support the system with concentrated beef tea, and some of the foods we find in drug-stores—peptonoids, etc., and treat conditions as I meet them. Echinacea is a remedy which I have used but little, as I had plenty to serve me a good purpose without it. By way of parenthesis, however, I will say I have a case of a man, whose abdomen had apparently grown to his spine. I put him on echinacea and phytolacca. He is coming around all right too; his, however, was not a case of fever, but a "bad" neurosis, pardon digression, but I wanted to allude to this for the sake of echinacea.

My old school friends have a number of continued fever cases alongside of me; they begin with calomel and turpentine in most of them, and "wind up" these treatments with these two "sovereign" remedies: occasionally giving sulphocarbolate or some other analgesic. Many die from this course of medication, NONE get well from its use, while others worry along from thirty to ninety days, and at length get well in spite of the fever or treatment. I notice in some medical journals, some writers condemning quinine salts in these fevers, claiming that the quinine produces swamp fever (Hem-

turia) and many other ugly symptoms. There never was a greater hallucination than this in this so-called swamp fever, mis-called hematuria. The blood that is excreted from the bladder is not blood, but a fluid filled with the materies morbi of the system, that have been locked up, and an effort to throw it off causes the fever, or rather the fever is the lever of the human machinery, used for the purpose of throwing it off. As a proof of the correctness of my assertion, the material does not coagulate. I have had difficulty in getting rid of this, but the moment the urine "clears up," the febrile movement subside in a measure—sometimes entirely at which time I administer a decided dose—ten grains of quinine. When I get to a patient with the swamp fever, I place jugs or bottles filled with hot water, or ears of corn recently boiled and wrapped in cloths while steaming hot around the sufferer, and let remain until diaphoresis is thorough, watching the pulse, never allowing the depletion to become sufficient to depress the heart's action. If the stomach will retain it, I give twenty drop-doses of fluid extract hydrangea every three hours. If there is much nausea, I go to my lobelia for help, and then give the bromides per ani, enough to produce quiet to the nervous system. In a few hours the patient is better, and now is when I give the quinine. If we were to begin with large doses of hydrargeri chloride and wait for it to act, and allow our patient to absorb more of the offending material, quinine or anything else would not avail anything, but would perhaps deepen the congestion and our patients be dead in a few hours.

I did not start out with the intention of a complete delineation of fevers, and have said nothing much of pathology or any other ology connected with fevers, but have given my experience in the treatment, and hope my ideas will benefit some one.

I will say in conclusion that under my management but a light per cent. of hematuria have died, and I never lost a patient of continued malarial fever. It is not egotism to write this, but the statement of facts as they exist.

The American Medical Journal.

MONT. M. HAMLIN, M. D. Editor and Proprietor.

Contributions, Books for Review, Exchanges and other communications should be addressed to The American Medical Journal, 2900 Lawton Avenue, St. Louis, Mo.

\$1.00 A YEAR IN ADVANCE.

SINGLE COPY, 10 CENTS.

EDITORIAL.

JOSEPH ADOLPHUS, M. D., LL. D.

Joseph Adolphus was born in Virginia, July 29, 1814, died in South Atlanta, Georgia, December 9th, 1902.

Eighty-eight years, nearly a century, and when they number the years like that of Dr. Adolphus, the epoch is truly wonderful. The doctor's career was essentially an aggressive one; he was a direct descendent of the famous Adolphus's, the first of whom was Count of Holstien, the second, Gustavus Adolphus, the warrior, and the third, Emperor of Germany in the 12th century.

With such ancestry, it was not strange that the doctor should be a fighter, and fight he did, for his country, for principle, and for the school of medicine he loved so well.

He graduated from the Pennsylvania Medical College in 1849, and soon reached distinction in his chosen field of work. For 22 years he was surgeon in the U. S. Navy and in that capacity visited nearly all the civilized countries of the world. A veteran of the Mexican war, also, Dr. Adolphus always insisted that his infirmity, deafness, was caused by the cannonading heard during his service in the army and navy. Disappointed by the failure of his school of medicine to meet his own high ideals, of what medicine should be, Dr. Adolphus turned to Eclecticism, and was a staunch and active defender of his faith to the day of his death.

In 1876 he came South, and with Dr. Clinkscales, began work in the American Reform Medical College at Macon, Georgia, which institution was moved to Atlanta, and finally merged into the Georgia College of Eclectic Medicine and Surgery. With his characteristic zeal, Dr. Adolphus threw himself into the work of bringing Eclectic medicine to the forefront. For a time, he was Professor of Surgery, and lecturer on Fractures and Dislocations, bringing to this work the result of his years of experience.

But the science in which he excelled, was that of Physiology, which chair he occupied for many years, and on which he stood as an authority without a peer.

For some years Dr. Adolphus was editor of the Georgia Eclectic Medical Journal, and his practical articles and spicy editorials are models of devotion to his chosen system of medicine. As a medical writer, the name of Dr. Joseph Adolphus will shine in the annals of history.

He was considered a writer of extraordinary ability and his opinions on subjects medical, are quoted by authors everywhere regardless of school or creed.

His life-work was a Treatise on Physiology, which, we are sorry to say, was never published in book form, but in the early numbers of the Georgia Eclectic Medical Journal we find the chapters running continuously up to more than 500 pages.

Dr. Adolphus was prominent in Masonic circles, being a Knight Templar and Scottish Rite Mason. While in the navy he visited lodges in all parts of the civilized world, dined with crowned heads, and at one time attended the lodge of which the prince consort (father of King Edward) was W. M. At his request he was buried from Masonic Hall with the beautiful service of the Masonic fraternity.

So they are leaving us; only a little while ago we recorded the transition of Dr. Standlee, that brilliant Young Eclectic whose sun had not yet reached the noon-day; now

we chronicle the passing of the revered Adolphus, who had not only touched the vantage-ground of life's serene meridian, but had passed down the long shining slope to the sunset. And when the purpling shadows of the twilight surrounded him, he found them but the shadows of the day-dawn in the life beyond. F. T. D.

MISSOURI STATE BOARD OF HEALTH—ASSIMILATION.

The Missouri State Board of Health is composed of seven members appointed by the Governor, and the present Board stands five Allopaths, one Eclectic and one Homeopath. These serve four years.

Under the present law, each county in the state has its Local Health Board, composed of the county court—three judges and one physician, appointed by the court. There are 114 counties in the state. In 110 of these the Local Board is organized and in active operation. Representatives from these 110 Local Boards in conjunction with the State Board constitutes the Missouri Health Association, which meets annually. These local boards have the oversight of the sanitary conditions and put into motion the necessary steps to prevent the spread of contagious or infectious diseases, either in man or beast, in their respective counties. The State Board has a general supervisory function over the entire state, aid and assist the Local Boards, establish quarantine regulations, etc., etc., and examine and license physicians and midwives to practice in the state; and recommend to the Legislature such laws as it deems necessary to carry forward and enforce such rules and regulations as may from time to time be needed to better the sanitation of the people of the state.

The editor is the eclectic member of the present Board, and he hereby announces his determination to "stand up for Missouri" Eclectics and whatsoever will be for the interest of Eclecticism. No qualified Eclectic need to fear the Board

as the Examiners are all absolutely fair and the examinations are eminently practical. The law gives each applicant the right to be examined in therapeutics by the member of his own school; it is therefore next to impossible for an injustice to be perpetrated upon any one. But Eclectics have the best record of any of the schools that have "come up against" the examining board, and that too, in face of the fact, that our men have *not* asked for the Eclectic member to conduct the examinations in therapeutics. *Eclectics have no favors to ask of any one.* And it is gratifying to know that of the 47 per cent of failures for the year 1902, Eclectics have not participated in making this record or at least to such a small degree as not to be noticed. Our schools are to be congratulated upon the thoroughness of their instructions. This kind of work is having its affects for good to "usward".

We hear a great deal of talk of assimilation of Eclectics by the dominant school. We say let them assimilate but we, too, must do some missionary work along this line ourselves. We can assimilate as rapidly and as effectually as any other school, but we must adopt the proper methods to accomplish the assimilation. Howling the wolf! the wolf!! will not deter the quadruped from devouring the innocent lambs but let us put on the weapons of warfare and go out to meet his wolfship and challenge him to mortal combat and he will flee. Hold up the banner of Eclecticism in your schools; turn out none but qualified men and women and the people will not be slow to observe the superiority of our practice and will demand their inalienable right to choose for themselves the *best* physician—an Eclectic. This is the way to assimilate.

We are frank to submit that we have no fears of being assimilated or absorbed by the Allopathic Lion, he does not feed upon such pabulum.

EDITORIAL NOTES.

The Tennessee Eclectic Medical Society will hold its annual convention in Nashville, May 5th and 6th, 1903. These good Eclectics are expecting to do the roval thing by way of entertainment and this editor is longing for the time to come as he feels himself quite able to stand a considerable amount of that rare commodity—characteristic Southern hospitality.



Just as we go to press we learn that Dr. A. Standlee, the revered father of our late friend Dr. E. L. Standlee, is verv sick at his home in Texas. Let us hope that ere this he is much improved and that he will fully recover.



Doctor, did you ever try that old reliable Eclectic remedy, "H. V. C."—Hayden's Viburnum Compound—in cases of uterine colic, or any other form of painful conditions of uterus and ovaries? You will not be disappointed in the results. Its all right.



Speaking about that dollar, Doctor, that you owe on subscription to the Journal for 1903, why, you might send it just any time within the next thirty days and we will enter you as a paid-in-advance subscriber. See?



We are authorized to announce that Dr. M. M. Hamlin, 2900 Lawton avenue, St. Louis, Mo., is prepared to do all kinds of orificial and abdominal surgery, either in St. Louis or he will visit any part of the country to do surgical operations.



We are pained and grieved to learn of the death of Prof. J. A. Jeancon, of Cincinnati. Dr. Jeancon has been connected with the E. M. Institute for many years as one of its worthy teachers. He was a splendid writer, a good teacher, a noble hearted physician and will be greatly missed by Eclectics generally and his loss will be greatly felt by the Eclectic Medical Institute. One by one our noble fellow-workers depart.

READING NOTICES.

Coca in Nervous Overwork.—Midst those of the mighty, who are free to go and to come at will—or among those of the more mighty class who must go because of their neighbors can—there are exacting strains incidental to the Summer fitting, that often are not manifest until nervous tension is relaxed when the subject is presumably settled for rest and repair. The hope for recuperation does not come, for the rush and bustle of travel has left a system nervously depressed from fatigue, and impressionable to the unhygienic conditions often manifest during the heated term. The practitioner who is called to aid such nerveless patients, is often at his wit's end for a remedy that shall be agreeable and speedily effective. Such a system does not require an artificial stimulus of drugging, but some aid to repair. This repair is impossible where human machine is clogged with the products of tissue waste. Of all known substances to promote a conversion of this waste, there is none equal to Coca, which may rightly be termed a panacea for the ills of overtired humanity.

It is now nearly half a century since Angelo Mariani, a pharmaceutical chemist of Paris, France, cleverly blended the properties of the marvelous Coca leaves with a nutrient wine. This was prompted through the phenomenal action of Coca upon the Andean Indian, who is supported by its use through the most arduous trials to which mankind can be subjected. Long after this early adaptation, the potent quality of the several alkaloids of Coca were made known to the physiologist, proving the wisdom of this selection, and Vin Mariani is accepted throughout the world by conservative physicians as a worthy tonic-stimulant the merit of which has been confirmed through the severe tests of time.

Owing to the great increase in the substitution of inferior and harmful remedies for those of well-known and proven value, we advise purchasers, for their protection, to insist on having Celerina, and not to accept anything that is offered as "just as good," or cheaper, which unscrupulous druggists continue to offer in order to make a few cents more. You know what you want, insist on having it; if he has not got it, go somewhere else, or get him to order it for you. We think this will explain to you the necessity of getting the genuine article, in order to produce satisfactory results, for in some cases of failure it has been owing to the substitution of an inferior article, thus not only doing you no good, but even imperilling your life. But as this hydra-headed monster, like Banquo's ghost, "will not down" as long as dishonest men exist, the best way to check it is to purchase in original packages, and be sure that you get it in that form.

Sanmetto in Cystitis, Gonorrhea and Irritable Prostate.—I have been an extensive user of Sanmetto for a number of years, and can truthfully say that when the therapy of the pure santal and saw palmetto is indicated, I find Sanmetto a remedy par excellent. I have used it extensively in cystitis, chronic gonorrhea and irritable prostate, and it has universally relieved, if not cured, my patients. As long as it maintains its present standard of purity I shall use it, for I deem it pure and ethical.

Chicago, Ills.

V. R. HILLEGAS, M. D.

THE TREATMENT OF INFLUENZA AND COUGHS

We excerpt the following from the Toledo Medical Compend by David E. Bowman, M. D., Toledo, Ohio, Professor of Obstetrics, etc., Toledo Medical College. "The elimination of the toxins is too frequently overlooked in these cases. Formerly, in their efforts to relieve the distressing symptoms, the profession have used remedies which produced stomachic disturbances, arrest of secretions, constipation, etc. I find nothing better to overcome the congested condition, in these cases, than two Laxative Antikamnia & Quinine Tablets given every three hours. If needed, follow with a seidlitz powder or other saline draught the next morning, before breakfast. This will hasten peristaltic action and assist in removing at once, the accumulated fecal matter. Heroin hydrochloride has been so largely used for coughs and respiratory affections that it needs little or no recommendation in this class of cases, but the favorable synergetic action of this drug used with Antikamnia, is, I believe, not sufficiently appreciated. Antikamnia & Heroin Tablets will be found useful by every practitioner, particularly during the winter and spring months. The antikamnia not only adds potency to the respiratory stimulant and expectorant qualities of the heroin, but it prevents the slight nausea which may at times follow its administration alone."

NEURILLA
NERVE CALMATIVE
NERVE HEALTH
follows its use.
Dose: Teaspoonful every half hour until
nervousness is abated,
then four times a day.
Teething Children 10 to 20 drops.
DAD CHEMICAL COMPANY,
NEW YORK.

THE AMERICAN MEDICAL JOURNAL.

VOL. XXXI.

MARCH, 1903.

No. 3.

ORIGINAL COMMUNICATIONS.

FLUID ELECTRICITY.

BY T. HODGE JONES, M. D.

(Continued from last issue.)

As with the chyme, the chyle is a perfectly neutral substance when first formed, but being opposed to the lungs which are in a positive state, it therefore assumes the negative; and being a fluid, and standing in direct communication with the lungs by means of the lacteal vessels, it must contrary to our ideas of gravitation, but in accordance with the laws of galvanism, be attracted and stream upwards towards the lungs, through these lacteals, which convey it to the thoracic duct, thence into the left subclavian vein, from which it is passed to the heart and lungs, where it becomes mixed with the blood. This will also explain why the chyle is always found in the bodies of animals which have been killed a few hours after eating, coated thickly on the sides of the intestines, to which it has been drawn by the force of attraction, while the feces remain floating in the center. This explanation, which is true with regard to the lacteal vessels of the mesentery, will also hold good with regard to all the lymphatic vessels of the body, the lymph contained in which is in antagonism to the lungs, and consequently attracted toward them.

When the chyle has arrived in the lungs, in the manner

above described, life is not imparted to it, until it undergoes another change, viz: the action of the electricity of the oxygen inhaled, by which it becomes instantly vivified and changed into bright red globules, or arterial blood, partaking in a high degree of the positive electric force, capable of imparting vigor, strength and nourishment to the whole system. In this manner, are all the nutrient parts of our food converted into blood.

It must be borne in mind that this arterial blood is in the same state of electricity as the lungs; and as it is a law of electricity, that similar states of electricity repel each other, the arterial blood is repelled from the lungs, and at the same time is attracted by the internal surface of the extremities of the body, which are in a negative electric condition, and streams through the agency of the left side of the heart, and the arteries to all parts of the body, supplying all the wastes of the animal machine, both materially and electrically. But, if from any cause, the chyle and venous blood do not become oxygenized or changed into arterial blood, when in the lungs, they retain their negative electric condition, and not being attracted towards the heart, nor repelled from the lungs, they remain in these organs, producing death, as in case of suffocation, drowning, etc.

The heart is usually considered the organ by means of which the blood is set in motion; and there certainly is no doubt, that its contractions aid powerfully in propelling the blood. But physiologists have long recognized that this propelling force could not extend as far as the capillary vessels; in part, because it is well known that the capillary vessels are so very numerous, that they contain much more blood than the heart, the aorta and large arteries. Again, it is observed that the globules of blood retrograde in the capillary vessels, and again return, as if they were seeking a particular outlet; and the propelling power which it is calculated the heart must possess in order to force the blood to all

parts of the body is so immense (in some books we read that it must be equal to a power which is competent to propel 1,000,000 pounds,) that it is perfectly absurd, to suppose the heart endowed with it; and finally, there are many insects and worms, that have a perfect circulation, and still possess no heart. In the leech, which has no heart, we can see the blood through the skin, moving to and fro, and from side to side. This phenomenon was looked upon as very strange, and could not be explained. The explanation, however, is simple, depending, as we have already stated, on electrical action.

As soon as the arterial blood reaches the extremities, it has again become changed into venous or negative blood, and in accordance with the law, *similar states of electricity repel each other*, it is repelled from the surface of the body through the veins, while at the same time it is strongly attracted towards the lungs, and moves upwards to them, against the supposed laws of that non-existing principle, termed the force of gravity. In its passage through the veins, it contains the noxious and decomposed particles of the system, which are carried off during its return to the lungs, through the medium of the skin, kidneys, liver and lungs, in which last organs it is again changed into red arterial, or positive blood, and performs the same revolutions as before.

The nutritive part of the food being thus converted into blood, the waste or refuse parts which remain in the intestines, are gradually repelled through, and pass off by the bowels. It is this action of electricity which preserves life and health, and as soon as an electrical equilibrium takes place in the system, in such a manner as to render the whole system in a neutral state, death would be the consequence, hence we see the necessity for food, air and exercise, that this action can be constantly kept up and a perfect equilibrium prevented. Although it must be recollected that there

are particular conditions of these two forces, as regards quantity, quality and intensity, which we generally term a natural equilibrium in contradistinction to a perfect one, and which are necessary for life and health, and the derangement of which produces disease, and even death; hence we see that life is a forced state, a constant struggle between the two forces to produce a perfect equilibrium; how philosophically correct then, is the saying that "in the midst of life we are in death."

When an equilibrium is produced between the system and any molecules of matter entering into its composition, and which are not opposed through any direct medium to a substance or organ in an active electric condition, the retention of these matters in that part of the system where such equilibrium ensues, would cause disease; such are the decomposed or noxious particles, which must be conveyed from the system in the form of gas, perspiration, urine, bile, etc., by their appropriate excretory organs; and which decomposition is constantly going on. And one means of destroying disease thus produced, is by administering agents, which will change the neutrality of these retained particles, and cause them to assume one or the other of the two electric conditions, that they may either re-enter the circulation with safety, or be eliminated from the system.

Diseases, whether acute or chronic, depend entirely upon one of two conditions of the system, viz.: an excess or deficiency of oxygen, or rather of one or the other of the electrical forces. The quantity and quality of these forces necessary for the maintaining in all its branches, the requisite equilibrium between themselves in the human system, constitute what we term health; and any defect in this equilibrium produces disease and death.

When, from any source whatever, the negative electric force predominates in the system, positive matter exists and is excreted in superabundance, the natural equilibrium of

the system becomes destroyed, and acute disease is the result; and the greater the quality of the positive excretions, the more dangerous is the disease. Hence, in simple fever, there is not as much positive matter excreted, as in yellow and the higher grades of bilious fever, where the bile becomes so alkaline, thick and acrid as to corrode the coats of the stomach and intestines, and often causing congestion, ulceration, mortification and black vomit.

When this predominance takes place in the system, the function of the skin becomes deficient or suspended. In a healthy state, the skin is a proper conducting medium of electricity from the system, excreting negative matter which gives out a positive electric force; but now, as positive matter is the predominant excretion, owing to the excess of action of the negative electric force, and as the skin excretes no positive matter, it becomes constricted, or in an inactive condition; the pores close, and a non-conducting surface is presented, which prevents the positive electric force from being given off, and by thus retaining it in the system, increased heat or fever is created, thus adding to, and augmenting the severity of the disease already established.

The lungs have a two-fold office to perform, not only the requisite absorption of electricity into the blood, from the oxygen of the atmosphere, but also the expulsion of carbonic acid gas from the blood, and which attraction and repulsion are the causes of its alternate contractions and expansions. Presenting also a surface, the electrical condition of which is similar to that of the skin—in diseases under consideration, and in consequence of the deficient or suspended action of the skin, they have to atone for its deficiency, by which their action becomes increased, the oxygen is absorbed rapidly, creating by the retention of its vivifying principles, increased heat, or too much vital action; and the carbonic acid gas not being exhaled in proper quantities, an increase or accumulation of carbon in the system takes place. This ac-

tion of the lungs, occasions the hurried and painful breathings; increase of heat, as well as the acceleration of the arterial circulation.

Mucous membranes and tissues being of a similar electrical character with the skin, almost always atone for the deficient action of the skin, by increasing their action and thereby removing from the system those decompositions which pass out of it, through the skin, hence we have catarrhs, mucous inflammations, etc.

The liver being the only excretory organ of positive matter which is now predominant in the system, excretes bile of a vicious quality, being highly alkaline and acrid, producing thirst, which is usually confined to negative matter, as cold water, or acidulous draughts, and which form with the bile, neutral salts of a laxative and diuretic nature, removing constipation, retention of urine, and, in consequence, lessening the heat or fever. And the thicker and more acrid the bile, the more is it manifested by the coat on the tongue, it being from a light brown to a color almost black, and of a thick consistency. Sometimes the bile becomes so thick that it cannot be excreted, and the disease is then truly dangerous.

Pains of the head, drowsiness, delirium, etc., ensue, in consequence of a derangement of the action of the electric forces in the brain.

It will be observed that the kidneys which separate the superabundance of negative matter which may enter into the arterial circulation, have their functions suspended or deficient for a time, from a similar reason to that related for the deficient or suspended action of the skin; and the nervous system, through the medium of which the electricity is propagated, must of course, have its powers impaired or suspended by this derangement in the general equilibrium of the system—particularly the capillary nerves, giving rise to many unpleasant symptoms. By removing the interruption

or suspension of action of the two great sentient surfaces of the body, and of the organs connected with them, as the skin, kidneys, etc., restoring to each their proper electrical action, we remove the disease and its cause, and the person is cured. From this, we may learn that fever is the effect of disease, or a diseased action, and is not, as our physicians generally suppose, disease itself.

When the positive electric force predominates in the system, from whatever source, not only is there an excess of negative matter excreted, but as the action is less sudden than in the former instance, owing to the numerous excretory organs of negative matter, which are enabled to throw it off with some rapidity, the organs exposed or attacked, gradually change their conditions or electrical excretions to a certain extent, and chronic disease is the result; consequently there is a great amount of acid or negative matter excreted internally, and if the disease is of long duration, the electrical condition of the skin changes, it becomes sallow, and excretes matter partaking strongly of the positive. We also find acidity of the stomach, to be a prominent symptom in chronic forms of disease.

In long standing cases, and particularly where improper remedies have been employed, as bleeding, mercury, blue pills, arsenic, nitrate of silver and other similar agents, the external excretion becomes in a degree of an alkaline or positive nature, as known by a cold, clammy perspiration or an unnatural dryness of the skin attended with a harsh feeling, eruptions break out in various parts of the body, and the extremities become cold; except in the last stages, when the fluids become gradually charged with the noxious matter resulting from the disease, and which is a decomposition of animal matter thrown out from a diseased or ulcerated organ, under which circumstances, hectic fever and night sweats ensue, which show that a perfect equilibrium, or dissolution is about to follow.

It will be found upon investigation, that in all cases of acute and chronic disease, the same group of symptoms, agreeable to the kind of disease, that is, acute or chronic, invariably present themselves, varying only according to the nature and offices of the organs attacked, and are more or less severe in proportion to the obstinacy and duration of the disease. Thus, in acute diseases, we have chills, heat, increase of pulse, languor, debility, pains in various parts, tongue furred, loss of derangement of appetite, nausea, vomiting, unhealthy action of the skin, liver and kidneys, derangement of the bowels, difficult breathing, thirst, dejection of spirits, unnatural color of the eyes and skin, etc. In chronic diseases the same symptoms are present, but are less severe, less complicated and united at any one time, and depend for their severity and location, upon the location and offices of the particular organs affected.

It may be proper to mention here, that acute disease is almost always a disease, confined more particularly to the fluids of the body, while chronic disease is a disease of both the fluids and solids. The reason for which is, that in acute disease, where positive matter prevails, there is only one organ to excrete its superabundance, which is the liver, and the whole blood, both arterial and venous becomes charged with this increased positive matter, and which unhealthy condition is felt immediately through the whole system, and of course, assumes an active or acute form.

But in chronic disease, where the negative matter prevails, there are several organs to excrete its superabundance, the lungs, skin, kidneys and bowels, and their excretions are immediately passed away—hence, disease is a long time before manifesting itself, it comes on slowly, and we are made aware of it, only when a solid becomes attacked.

When chronic disease follows an acute, we always find the electrical conditions changed; the negative predominance yields to the positive, and negative matter takes the place of

the previous positive matter. And where a solid becomes thus affected without changing these electrical conditions, a speedy death is the result.

A local inflammation, as pleurisy, inflammation of the lungs, may be owing to an obstruction or some irritating cause existing in the part attacked, or it may be an active form of a chronic disease of some organ, excited by colds or exposures, as inflammatory rheumatism, inflammation of the liver—an increased derangement of the equilibrium of the parts attacked.

We have now briefly expressed to you our views on the subject of Health and Disease—had we time, we should be pleased to demonstrate to you the data on which we rest our position, likewise to explain to you that the location and character of both acute and chronic disease, exist according to the portion of the globe inhabited, the earth itself being a great actor in the electrical influences and changes of the human system—also the natural and magnetic symptoms of disease and their causes—the reasons why certain organs are attacked in some persons in preference to others—the cause of the extension of disease from organ to organ—the electric classification and action of remedies—the proper treatment of disease, and the reason why the mental and physical formations of human beings are so diversified, and many other matters of scientific interest in relation to electrical conditions and changes of man. We trust, however, that at least, your curiosity has been excited in a pleasing direction during the time we have occupied your attention, and that our discourse has not been altogether unprofitable.

And as in this locomotive age of the world, there are many who stand ready to snap at whatever novel is offered them, and claim it for their own, we prefer to have all the credit, if any is due, of these views, to ourselves. We feel very selfish in this matter, having already been despoiled of some of our views by individuals who not only claim them

for their own, but profess to have known them for years. We say, therefore, to those who desire a further knowledge of our theory—wait patiently, for we intend to present them all to the world in the common fashion of a book, that they may be thoroughly investigated, and if found true, embraced by all, or if untrue, cast aside as error and chimerical.

We believe it a clearly established fact, that all motion of every description, is but the result of electric attraction and repulsion, and whether we reflect on the power by which the planetary bodies are rolled progressively on in their respective courses, or that by which our most intricate and subtle experiments are produced or effected in our laboratories, we shall find by carefully tracing them up, that the moving power has but the one same origin. Hence, then the study and investigation of philosophical subjects connected with electricity, galvanism and magnetism, and the application of those powers as far as their utility can be made manifest, in the treatment and cure of morbid or diseased action in the human system, forms a most important portion of our medical investigations; and a knowledge of the laws of magnetism will be found the leading principle in all the phenomena of nature, and of whatever science we may choose to examine; we therefore recommend a thorough investigation of these laws and their universal application.

THE DE TRUAX SANITARIUM, ATLANTA, GA.

JOHN URI LLOYD.

In the February number of this Journal I called attention to the fact that we of the North in the long winter months crave a touch of Southern air and a breath of open warmth. In this connection it may be added, some desire a country setting while others need or prefer the conveniences of a city. Indeed, in some instances an invalid demands op-

p rtunities such as can only be found in a modern city with outlying railway conveniences and cosmopolitan accommodations.

In such a case, Atlanta affords features most desirable and in the early spring or early fall presents in addition climatic attractions touchingly grateful to persons as far north only as this section. The change in temperature a few hundred miles south of the Ohio brings is most surprising.

But the next question is, where shall an Eclectic physician turn, who desires for a patient just such an opportunity as good care and attention under his own system of medicine could give, in a city like Atlanta. This question I will answer by saying that the De Truax Sanitarium is conducted by two physicians of our school, in whom I have confidence, and who also possess the goodwill of our people in the South. Dr. H. E. De Truax and Dr. Florence Tippet Duvall, editors of the Georgia Eclectic Medical Journal, conduct the institution, Dr. W. M. Durham being consulting surgeon, and Dr. J. H. Goss, consulting physician. These physicians vouch for its local standing, advantages, and the medication. In this connection I will add, that in reply to my questions concerning the Sanitarium, Dr. Duvall wrote as follows, which expresses conditions better than I could do:

"We founded the De Truax Sanitarium to establish the fact that Eclectics would furnish means of treatment superior to other schools of medicine. We have maintained the Sanitarium in the face of much opposition and intense prejudice. In spite of all this the sanitarium has become popular. Kindly medication, gentle treatment, and the cosy home, have won the day. We feel that we have accomplished the object for which we contend and that, too, in the spirit which, I think, should characterize the course of all Eclectics, not 'by might nor strength,' but by honest effort and fair just means rather than by abuse and unkindly speech and conduct."

The treatment, it is seen, will be along the kindly lines of modern Eclecticism, the care such as may be depended upon when given in accord with modern sanitary methods.

As indicated in our last, there are many desirable Southern localities, but when the question arises as to where a friend or patient can be located, so as to obtain the proper accommodation in connection with the kindly treatment of our school, a problem arises. This problem, I believe, may be answered in the case of one wishing a home-like sanitarium in a city of the Central South, by addressing either of the physicians named herein for particulars and terms. If this article serves the interest of any of our Eclectic physicians of the North, the writer will be much pleased.

MRS. KNOWLES AND THE MICROBE MAN.

A New York paper has the following account which may be of interest to lovers of Spectral Science:

A tall, gaunt man, with a hungry expression and a leather case walked into the headquarters of the Professional Woman's League the other day and asked for Mrs. Knowles. He was dressed entirely in black and closely resembled the late-afternoon shadow of a medical student. The President of the league was alone in her office and had the visitor ushered to her without delay.

"I believe it is you who has charge of the forthcoming Woman's Exhibition at Madison Square?" said the caller after he had closed the door behind him.

Mrs. Knowles nodded politely.

"And all applications for the rental of floor space must be made to you?"

"Yes," answered Mrs. Knowles.

The young fellow sat down. "Well," he observed, "I'd like to rent about two inches of space in the arena for an exhibition of trained microbes."

"What!" exclaimed the lady, pushing her chair back as far as the west wall of the room would permit.

"I expected you to be horrified at first," the visitor went on in a matter-of-fact tone. "Most people have a prejudice against microbes—a very unreasonable prejudice. Now, I assure you that the average microbe is wonderfully docile and intelligent. The star of my show, the prettiest little typhoid fever bacillus you ever saw, learned to balance himself on his hands in less than two weeks."

Mrs. Knowles looked about her in consternation. The door was closed and her vis-a-vis had taken a position between her and the bell.

"Of course," he continued earnestly, "not every bacillus is that clever. The brother of this genius spent a year in mastering the same feat. I have a yellow fever germ, shipped to me from Central America, that can fold both legs behind its neck and whistle 'Home, Sweet Home' through its teeth."

He evidently was quite serious. Mrs. Knowles remembered that it was considered wise to "humor them." "Wonderful!" she said, with apparent admiration.

"Isn't it?" was the response. "But the best is yet to come. Let me introduce you to my cholera microbes. They are partners and do a song and dance while the influenza germs are making up." He laid his case on the desk and opened the lid. Mrs. Knowles suppressed a scream upon seeing that the receptacle was absolutely empty. "Fred," he remarked, "I call the elder of the two Fred—"Fred, let me present Mrs. Knowles."

Mrs. Knowles bowed.

"Cholera bacilli have one great point of superiority," the man explained. "They never become conceited. They're very faithful, too. Notice that little fellow licking my hand. Affectionate germ."

"I'm sorry," said Mrs. Knowles, feeling that she must

get rid of her visitor or faint. "I'm afraid we can't have these at the exhibition. Clever as they unquestionably are—"

"Oh, but you haven't seen the best of them yet," interrupted the impresario. "I have just signed a small-pox microbe that can sit on both of its heads at once. Did you know that small-pox germs had two heads?"

"It isn't that," Mrs. Knowles averred, ignoring the query. "But I observe that all your bacillus are males. Now as this is to be a Woman's Exhibition—"

"By George!" exclaimed the visitor. "By George, I never thought of that! Of course, it's impossible! Here I've been taking up your time for nothing. I beg your pardon. I'll go right over and show these to Oscar Hammerstein." He closed his leather case, bowed low and left the room. Mrs. Knowles preserved her self-possession until she had touched the bell. At this moment she hasn't quite decided whether she has been the victim of a lunatic or only of a practical joker.

A. W.

A CASE IN PRACTICE.

BY W. K. PEMBROKE, M. D.

March 28th, 1902, Mrs. B. consulted me concerning her young daughter, eight or nine years old. I prescribed according to her description of the case.

Next morning see came and said I wish you would go and see my girl, she is worse, she is broke nout all over her face, neck and arms and I fear it is small-pox.

When I arrived at the bedside of the little patient I found conditions about as she had stated, with fever and broke out very thickly. I said, little girl, let me see your tongue. I noticed that peculiar stripe down the center. I said to myself, veratrum. Next I examined her pulse, full and bound-

ing, veratrum is the remedy. I made some further examination and found nothing worthy of note.

The mother said, if you think it is small-pox don't say so as we are strangers here and do not want to put out a sign. I told her I did not think it at all necessary to put out a sign as it is a case of urticaria a little in an aggravated form, as the eruption would not be so thick or confluent at this stage if it were small-pox, and remarked that I have known of cases pronounced as such with much less resemblance than this by reputable physicians of this city.

I prescribed as follows:

R $\bar{y}$ Tr. Veratrum, gtts. viii.

Aqua. ℥iv.

M. Sig. Teaspoonful every hour.

R $\bar{y}$ Sp. Tr. Apis mel.

Sp. Tr. Rhus Tox, $\overline{\text{a.a.}}$ gtts. iv.

Aqua, ... ℥iv.

M. Sig. Teaspoonful every hour, alternating with the above.

This constituted the treatment. Gave some directions as to the care of the patient and left with the understanding that she let me know next morning, and sooner if necessary. She came next day and said the patient was much better. Eruption almost gone; wants to get up; feels like eating, and says she is not sick any more. I will let you know if there is anything needed.

I advised her to continue the medicine, give every two hours instead of every hour.

This was the last of her trouble, she was out in a day or two and remained well.

Now do not think that there is anything unusual or strange about this case, only the marked indication and prompt action of the drugs, especially the veratrum. The peculiar condition of the tongue that Professor Scudder has so often spoken of in his teachings on specific diagnosis calls

for veratrum. And I believe it to be the main causation in bringing about the prompt results in this case.

I do not remember of ever noticing the indication in this disease before for this drug. The second prescription is more often called for with some others of their class, but in this case they did not seem to be as pronounced as in others, at least this has been my experience.

AKRON, IND., FEBRUARY 12, 1903.

Editor American Medical Journal:

Dear Sir.—I thought I would pen a few lines to the Journal and let the boys of '98 know I am still on earth.

I just prescribed for a case of sumach poison. I used $\mathfrak{Z}$ ii ipecac to 4 ozs. water; apply three times a day. It never fails to cure.

I have had several cases of typhoid, and I always begin by giving a big dose of castor oil; then use either aconite or veratrum and echinacea, of the latter ii to $\mathfrak{Z}$ iii, and phytolacca in half glass of water. I use anything else I see indicated, but the above usually is all that is needed, and I have the best of success.

I wish to say a word to young graduates that will soon start out for the field of trouble.

When you hear of a location don't write to any one but go and see for yourself. I remember when I located in my present location, I saw of the death of one of the oldest M. D.'s. I wrote the post-master about the place but I received no reply, so I came and looked after the field myself, and found things O. K., located and am doing well. The post-master happened to be a druggist and a friend to the other M. D.'s. Of course he said he was glad to see me, that he wrote me a nice letter, etc., but he lied, he never did, as he admitted afterwards.

Go see for yourself and then you will know for sure.

I can sight two young men to two very small places;

one is North Liberty, Ind., the other is Savina, Ind., both in Wabash county. And a good up-to-date man in Fulton, Ind., Fulton county, population, 1,000; one in Kenansee, Ind., Fulton county, population, 1,000. He must be up-to-date.

I would like to see a good formula in the Journal for nasal catarrh for spray.

"FATTY V."

NATIONAL ECLECTIC MEDICAL ASSOCIATION.

To the Eclectic Physicians of the United States.

The men appointed to do section work and whose names are here given are all at work. Let me bespeak for them a generous response from each of you. The second day will be the banner day for Eclectic medicine in all the history of the National.

The last hundred minutes will be given for one hundred and fifty or two hundred speeches, each speech to consume twenty to forty seconds. The speech to be some central, burning, seething, active opinion of proven worth about a drug that will perform a certain specific work. Study out your speech now, doctor, write it out on paper, cut out all superfluous words. Write it again, then boil it down to the specific twenty seconds allotted to you and our shorthand reporter will have a materia medica for our next Transactions of such vital and specific importance as the medical world has not dreamed

Everything promises well for our June meeting and every doctor is willing to help the cause, and is writing words of encouragement.

Let me urge you to help your respective State Secretaries in the plan to organize thoroughly. Send him the information asked immediately on receipt of the blanks furnished.

Respectfully,

J. D. MCCANN, M. D., President.

Monticello, Ind.

SECTION OFFICERS APPOINTED FOR YEAR 1903.

DEPT. OF MEDICINE.

Chairman, W. E. Kinnett, Yorkville, Ill. Vice-chairman, W. H. Russell, Ipswich, Mass. Secretary, W. L. Turner, Waynesfield, Ohio.

SURGERY.

Chairman, R. C. Wintermute, Cincinnati, Ohio. Vice-chairman, J. M. Wells, Vanceburg, Ky. Secretary, F. L. Wilmeth, Lincoln, Neb.

GYNECOLOGY.

Chairman, J. D. Robertson, Chicago, Ill. Vice-chairman, J. R. Borland, Franklin, Pa. Secretary, C. M. Cannon, St. Paul, Minn.

PATHOLOGY.

Chairman, F. W. Abbott, Taunton, Mass. Vice-chairman, H. M. Logan, San Francisco, Cal. Secretary, Henry Schmitz, Chicago, Ill.

OBSTETRICS.

Chairman, Florence T. Duvall, Atlanta, Ga. Vice-chairman, Susan K. Whitford, Elgin, Ill. Secretary, Eloise Y. Foltz, Perry, Ia.

ELECTRO-THERAPEUTICS.

Chairman, S. R. Spencer, Cincinnati, Ohio. Vice-chairman, W. J. Kramer, New York City. Secretary, G. R. Shafer, Peoria, Ill.

CHILDRENS' DISEASES.

Chairman, W. N. Mundy, Forest, Ohio. Vice-chairman, W. N. Holmes, Nashville, Tenn. Secretary, N. A. Herring, Benton Harbor, Mich.

EYE AND EAR

Chairman, J. P. Halbert, Nashville, Tenn. Vice-chairman, E. G. Trowbridge, Chicago, Ill. Secretary, Ethyl H. Richardson, Quincy, Ill.

NOSE AND THROAT.

Chairman, G. W. Johnson, San Antonio, Texas. Vice-chairman, C. E. Pierce, Little Rock, Ark. Secretary, M. B. Ketchum, Lincoln, Neb.

WORLD'S FAIR COMMITTEE.

Chairman, A. F. Stephens, St. Louis. Vice-chairman, Edwin Younkin, St. Louis. Secretary, H. H. Helbing, St. Louis.

Consulting Members—E. J. Farnum, Chicago; H. S. Tucker, Chicago; W. E. Bloyer, Cincinnati; G. W. Boskowitz, New York. L. S. Downs, Galveston, Texas.

ELECTRO-THERAPEUTICS.

BY GEO. W. MOORE, M. D.

The treatment of winter coughs, colds and bronchitis with electricity, the most rapid and satisfactory treatment in my hands has been static electricity. Many cases are due to a run-down condition; the system lacks tone, vitality, needs a reinforcement in order that the patient may resist changes of weather, especially this time of the year.

Many cases will complain of soreness of the muscles of the chest, due to fatigue of coughing, others to oppression or a constricted feeling; the patient can't get a full breath; others will complain of tickling in the throat and they are compelled to cough, causing a congested state of the head, and severe headache. Static electricity will quickly relieve these cases, muscular pain, the oppressed breathing, the inability to take a deep breath, the tickling in the throat, headaches, promote rest, sleep, appetite, digestion and general nutrition. By so doing it has a very beneficial effect upon tubercular troubles and as Monell says, it will aid appropriate medication and many chronic cases who are sent

to distant climates would save money and thrive better at home with their family physician and the static machine. These cases are best treated by first commencing with positive electrification for fifteen minutes, which means to connect the platform to positive pole of the machine and ground the negative; draw the sliding poles from one to two inches apart, after which treat any special symptoms. If there is a headache remove it by giving positive head breeze. If there is pains in the muscles remove it by giving spray mingled with mild sparks all over the chest and back, giving a general warming up. For that tickling cough attach the platform to the negative pole and the positive to the brass pointed spray, also ground the positive pole; sweep the spray over the throat, the head being thrown well back; have the patient inhale the ozone from the spray; the sense of relief from every symptom within ten minutes cannot be duplicated with all the drugs in the universe. The patient will step off the platform, his soreness gone the oppression vanished, the muscles toned, respiration full and comfortable.

If the extremities are cold, warm them by adding mild spark to the back, thighs and legs; it equalizes the flow of blood, and there will be a feeling of warmth and well-being that will surprise you.

For any tubercular troubles use light from the X-Ray thrown over the affected area for ten minutes, and see how quick the cough will be lessened, how much better your patient sleeps, eats and feels.

I well remember one case that came to me a year ago with a bad cough, profuse expectoration, temperature from 101 to 103, hectic flush, poor appetite, could not sleep, dullness over apex of both lungs. No question but she had tuberculosis. I gave her positive electrification fifteen minutes at a sitting for three days, then used X-Ray light ten minutes each treatment three times a week for eight weeks, at which time treatment was discontinued. Patient had almost stop-

ped coughing, had gained ten pounds in weight, and says at this writing, one year after first treatment that she has no cough, weighs more than she ever did and has splendid health. X-Ray and outdoor life, plenty of sunshine and proper living did the work.

I do not wish it to be understood that I am curing consumption in eight weeks, but I do believe that the help this patient received from X-Ray treatment could not have been equaled by any other mode of treatment known to man. You doctors who are using static machines let us hear from you through the American Medical Journal. Wake up, what are you doing?

ASAFETIDA AS A REMEDY.

Asafetida is a remedy very much overlooked in these days. It is an old-fashioned remedy and used to be much thought of by the medical profession. As a rule doctors today know little or nothing about it. It is one of the most useful and harmless remedies in the whole pharmacopœia. It is a gum that exudes from a vegetable allied to the parsley family. It has a disagreeable, pungent odor but is used as a condiment by some semi-civilized people.

Asafetida is one of the most reliable anti-spasmodics and stomachics in existence. It may be used in the form of tincture or pills either of which can be obtained at any drug store.

For heaviness of the stomach after meals, hysteria, fainting spells, or even threatened chills with cold extremities, the tincture of asafetida is the best. From a half to a full teaspoonful constitutes a dose. The dose should be well diluted with milk or water before using as it is very strong and pungent.

It will quickly rid the stomach of gas, regulate the action of the heart, and there is no better medicine in the world

for hysteria. It will quickly change the anguish and haggard anxiety of the hysterical patient into good cheer and hopefulness.

It is perfectly harmless also in its operations. The pill form is better where a slow operation is desired. Nervous people who are called upon occasionally to undergo great strain of a mental character will find a pill of asafetida of priceless benefit. Sometimes sickness appears in the family which obliges an already overtaxed parent or relative to sit up nights or face some trying ordeal for which they have not sufficient strength. Instead of resorting to quinine or whisky or tea or coffee, a pill of asafetida is at once more potent and less harmful.

Nervous women suddenly stricken by bereavement or trouble of any sort will find a consolation in the asafetida pill such as no other drug can bring.

People trying to quit the use of tobacco or opium can find no better antidote in the world than asafetida.

In short this drug that has been well nigh forgotten by the medical profession is worth ten times as much as all the coal-tar preparations put together. It gives courage to the faint-hearted, strength to the weakened energies, and quickly restores flagging vitality.

There are two objections to the use of asafetida. First, it has a bad odor which will appear slightly in the breath and excretions after using. Not so bad, however, as the use of raw onions.

The other objection is that it is slightly constipating to some people. It is well enough for everybody to know these things in advance so as to guard against them as much as possible.

To remove the odor in taking asafetida it is only necessary to chew a cubeb berry two or three times a day, which can be had at any drug store for the asking.

To guard against the constipating effect a half teaspoonful of Epsom salts should be taken at bedtime. How-

ever, the occasional use of asafetida will not require either of these precautions.

We wish the readers of MEDICAL TALK to realize the importance of this old-fashioned remedy. It is generally preferable to use it in the pill form on account of its disagreeable taste and smell. However, when a quick action is required, as in case of hysteria, or acute dyspepsia, the tincture is preferable. The pill form can also be used with excellent effect in chronic biliousness, headache and palpitation of the heart caused by acute dyspepsia, in which the patient is sure that he is going to die at once.

We should be glad to hear from the readers of MEDICAL TALK as to their experience in using asafetida. We feel sure that many a reader will bless the day his eye happened to fall on this article. Write and tell us about it.

SLAUGHTERHOUSE WASTE AS MEDICINE.

The slaughterhouse used to waste a great many little things for which they had no use. These were thrown away with the contents of the entrails as other superfluous matter. The doctors have begun saving these things for medicine. Whether it is purely an instinct of economy or whether they have some vague, Chinese notion that things for which there is no other use can be used for medicine, we cannot tell.

But it is a fact, however, that medicine manufacturers are pouncing upon every stray hunk and organ which the butcher considers too nasty for food.

Henry G. Kittridge has an article in the Twelfth Census of the United States on this subject. The practice of using animal organs as medicine is known as organotherapy. We will enumerate some of the tissues which the doctors use as medicine: The gray brain-matter of calves, the stomach, thymus glands, thyroid glands, pancreas, parotid glands, suprarenal capsules, the testicles and the lymphatic glands. Use is also made of gelatin, albumen, blood and glycerin.

The fad of drinking warm blood in the slaughterhouses seems to have somewhat died out. But the use of the slaughterhouse in medicine is gaining every day. Of course these organs and glands are not given whole or at a single dose. But the pharmacist takes them and monkeys with them, mixes them up with other things, extracts what he calls their active principle, and puts the stuff up in bottles by which he hopes to psychologize a large number of doctors. He generally succeeds, too. And the doctor, being psychologized, takes the whole matter seriously, proceeds to buy the expensive but gruesome medicine, and unconsciously goes into the hoodoo business. He believes in the stuff and the contagion of his belief is caught by his patient, and in this way some of them are actually cured. As curious as it all is, we have little to say against it. In the presence of arsenic and strychnia, vaccine and antitoxin, the innocent little pharmaceutical gravies made out of stray animal organs are harmless play-things.

They suffice to keep the whole gang out of worse mischief, which is a good deal. While they are doing this they are not torturing rats or guinea-pigs, nor are they manufacturing serums and viruses. In a round-about way they are feeding a few people some odds and ends of animal tissues usually considered unfit for food. This is comparatively harmless. There is, no doubt, a little nutrition in such slops, and until putrefaction sets in there is very little poison. But as an agency for practicing suggestive therapeutics, hypnotism and medicinal psychology, they deserve the highest commendation.—[Medical Talk.

SIGNIFICANCE OF FETAL HEART SOUNDS.

BY MARY ELIZABETH HANKS, M. D.

It has long been my conviction that as general practitioners (and I doubt not this is often true of specialists) we

either neglect to observe closely the fetal heart, or observing, we fail to interpret rightly and with confidence. With this in mind I have been reading and comparing different authorities, and as often as opportunity offered have made observations hoping to clear up, in my own mind at least, a subject which seems hazy and ill defined and upon which our best students and clinicians have been much at variance. In the following is given but the conclusions drawn from my work, which has not been exhaustive, but which has been directed toward the practical rather than the theoretical.

While auscultating the pregnant uterus the educated ear discerns readily four things. First, the placental souffle, synchronous with the maternal pulse. Second, the funic souffle, when present, synchronous with the fetal pulse. Third, intestinal gurgling and rumbling. Fourth, the fetal heart sounds, to which I shall confine myself.

Under favorable conditions the experienced listener, who has acute hearing, can detect both the first and second sounds of the fetal heart. Generally, however, but one is heard, and contrary to the adult heart the second sound is more audible not only throughout interuterine life but sometimes in very early infancy, and it is not until the child is a year or a year and a half old that the first sound assumes the characteristic booming quality of the adult heart. So the tick, tick, tick of the valves is the sound generally heard and the three most important features are frequency, intensity and rhythm. The fetal heart sounds are the first and only certain signs of pregnancy appearing between the sixteenth and eighteenth week, generally heard first in the median line a few centimeters above the pubis. The life of the fetus is also positively ascertained by the presence of the heart sounds. "Quickening" and all other signs appearing early and more or less unreliable.

How valuable are the fetal heart sounds in the diagnosis of presentation and position of the fetus every physician

knows. Remembering that the heart is in the cephalic extremity and that the back is toward the point of greatest clearness, a positive diagnosis may often be made without other information except that gained by auscultation, percussion and palpation of the maternal abdomen.

The face and brow presentations may be anticipated from palpation alone. If the fetal heart can be felt beating against the abdominal wall the fetal thorax is probably in very close proximity, and this is true in the mento-anterior position. Though palpation of the fetal heart is rare it has been accomplished both at home and abroad. In the great majority of cases reported the face presented. In a few instances the heart was palpated in occipito-posterior positions, but no occipito-anterior presentations were reported.

In diagnosing twin pregnancies few errors need be made if we satisfy ourselves on two points. First, are the two sounds found at different points synchronous? Second, can one sound be traced along a direct line to the other as can be done when the sound is transmitted?

While the diagnosis of sex in utero is not important it is interesting sometimes and more or less gratifying according to the accuracy of the prediction. No one can safely claim infallibility, nor should he risk professional reputation on his diagnosis, yet with systematic observations, predictions fairly probable may be made. One examination has no weight as evidence but repeated examinations made under similar conditions have a certain value.

Maternal digestion affects the fetal heart very perceptibly. Examinations made two hours after the mother's meal will show an increase of from four to twenty-four per minute over those made one-half hour before the meal. Again it is almost invariably true that violent maternal exercise causes irregularity of the fetal heart but not an increase in rate, while very moderate movements cause no perceptible change except as maternal activity disturbs the fetus and

thus causes fetal activity⁴ which naturally results in an increase of rate. For the same reason (disturbing the fetus) auscultation should be made *before* percussion and palpation. Bronchial affections, asthma or any disorder resulting in dyspnea in the mother cause quickened and irregular fetal heart. Therefore the careful observer will regard four things: First, the time of examination, preferring an hour or so before the mother's meals; second, the physical state of the mother, preferring a state of rest and quiet; third, the condition of the fetus, preferring a passive state; fourth, those conditions of ill-health in the mother (especially dyspnea) which influence fetal heart.

With data accumulated in this systematic manner, the physician will find that the male pulse rate is generally from ten to fifteen less per minute than that of the female, and this is pretty constantly so regardless of size and condition of the child. Many who have no faith in this as an indication of sex, claim that because boys are generally larger and more vigorous than girls, that the number of pulsations would naturally be less. This is unquestionably the rule in extrauterine life, but does not follow in interuterine life. In fact, Dr. Edward Dyer Peters, of Harvard, in an article in the Boston Medical and Surgical Journal, reports many observations, carefully noted and tabulated, to prove that the reverse is true—that is, that in interuterine life the smaller the individual the slower the pulse rate. I need not detail his article, but the following summary will suffice to show that sex has probably much more to do with pulse rate, than size or vigor. In thirty consecutive cases he noted that the eight largest girls averaged a pulse rate of 150, while the eight smallest girls averaged 143. The eight largest boys averaged 143, while the three smallest boys averaged 127. There is ground between the two extremes upon which a prediction of sex may not be ventured, but in the extremes of low or high the prediction of male or female may be made

with no little certainty and with as good authority and reason as many of our diagnosis are made.

I shall touch briefly the funic souffle, since it belongs to the realm of fetal circulation. It is generally regarded as an indication of an obstruction to the funic artery, and may be heard, first, when the cord is coiled about the neck, second, when the cord is knotted, or, third, during accidental and temporary pressure on the cord due to fetal movements. These sounds are of the nature of murmurs and are synchronous with the fetal heart. If the sound is constant and is heard in the location of the neck, a coil may be suspected. If constant, but changing occasionally its location, a knot in the cord is probable. If accidental, it is transient, and may not be heard but once. If from abnormal fetal heart it is constant.

During labor the fetal heart sounds are important mainly as an indication of the condition of the child. It is well known that the fetal pulse diminishes in frequency during a pain, sometimes going as low as 100 when the acme is reached, and that it increases during the interval, going occasionally to 160. These wide variations may be within the range of normal and may safely be considered so, so long as the heart sounds are strong and rhythmic. But when the fluctuations are not in natural order but pass without the limits of normal in frequency, strength and rhythm, we have to deal with a thing dangerous to life.

Different German physiologists, notably Schultze, experimented long and patiently upon dogs and other animals to discover, if possible, the causes of these abnormal fluctuations. Schultze finally declared, and he was reinforced by other experimenters, that pressure on the cord, or any interference with placental circulation, causes a marked depression of the heart, shown first by a persistent slowing and later by a sudden increase in rate. They followed along this line of reasoning, applied the same principles to the human kind

(experimenting still further when their logic needed proping up) and finally Shultze gave out the statement that a slowing of the fetal heart is always the first and often the only sign of asphyxiation in the unborn. This was read, accepted and perpetuated by obstetrical writers, and so became classical. But it was found that German babies under certain clinical conditions had an obstinate way of differing from the German puppies and finally the many clinical exceptions to the rule caused it to lose its practical force and application. It remained for Leyden and Schwartz to prove by various experiments, well tempered by clinical observations of the human fetus, that, instead of retardation of the fetal pulse being the result of interrupted placental circulation, it was much more constantly caused by cranial compression, which acts upon the pneumogastric nerve, first irritating it and causing a slowing of the heart, second, paralyzing it and causing a rapid and remarkable increase. These phenomena especially when accompanied by a caput succedaneum of good size during a severe or instrumental delivery are very significant.

From continued observations it was found that during labor pressure upon the cord or interference with placental circulation, caused generally an increase in the pulse rate which was quite contrary to the result obtained from experiments on animals in the laboratory reported by Schultze and his coworkers. Probably one reason for this difference is that the human subject being more highly organized nervously was more profoundly influenced by the sudden withdrawal of the supply of oxygen, hence pneumogastric paralysis came so promptly that the state of irritation was either absent or of such brief duration that it was not observed at all.

It is agreed that the final results of cranial compression and interrupted circulation in the cord are the same. In either case disaster comes from paralysis of the vagus, but

the difference in the phenomena observed is owing probably to the difference in the time taken in its accomplishment. Cranial compression being usually a much slower process with more time for the different stages to manifest themselves. But even to cranial compression the stage of irritation generally slips by unobserved, because either of its non-appearance or of its brief duration. Since thinking along this line I have consulted different skillful and careful practitioners and obstetricians, and find that the phenomenon of extreme slowing, where the fetal pulse drops to 80 or even 60, has not been noted at all or but once or twice in several years' experience.

One obstetrician noting carefully about three hundred and fifty consecutive cases did not see the condition once, though there were several cases of asphyxiation. So I believe we may conclude in spite of certain writers to the contrary, that clinically the very rapid heart is the reliable danger signal, that the occasional slowing is a preliminary sign more or less unreliable, and that when the heart sounds are more than 160 per minute he should look sharply to the child. If the rapid heart is weak and arrhythmical with vigorous movements of the child danger is still more imminent. We should never wait for the classical slowing to occur. In very rare cases this slowing may be persistent and death may result suddenly without any acceleration.

If by bringing together these scattered bits of experience and experiment, light may be thrown into obscure places, I am gratified, but much remains to be done along the line of physiological experiments in conjunction with clinical observations.—[Clinique.

Mamma—You must be awful careless, darling. The doctor says your system is upset.

Little Daughter—Yes, I guess it is, 'cause my foot is asleep, and people must be terribly upset when they go to sleep at the wrong end.

A. W.

SYPHILIS.

BY GEO. J. MONROE, M. D.

Can syphilis be cured? I am often asked this question. Whether we should positively answer yes or no has not yet been decided. A great many good physicians say that it can be; an equal number, probably equally as good, say that it can not be. My own opinion, derived from experience and observation, leads me to say that I do not believe syphilis is ever entirely eradicated from the system. It may be under control for many years, I believe, but I just as firmly believe that some exciting cause may produce some manifestation of syphilis at any time during the life of the syphilitic after the primary affection.

I also believe that he may impart the disease to his offspring. The seed is there, and like wheat taken from the ruins of Pompeii or Herculaneum, only requires proper conditions to grow and flourish.

Any part of the system may be affected by the tertiary form of syphilis, but I wish to speak more particularly in this paper of the brain and nervous system. It is estimated by good authority that the brain and nervous system becomes affected in from twenty to thirty per cent. in tertiary syphilis. In fact I believe that tertiary syphilis affects the nervous system in as many as one-half the cases. The effect may be so slight in some that it is hardly perceptible, and is not noticed; or if it is noticed, it is attributed to something else. Nervous symptoms may not develop for many years after the initial chancre. We usually observe them in three or four years, but they may not manifest themselves for twenty, thirty or forty years after the primary sore. The nervous system is not alone affected by the syphilitic poison, but by the syphilitic disease of the blood vessels and membranes and nerves. The arteries seem to suffer more than

the veins. There is a new tissue formation—a gumma or gluey material. These gummata produce pressure upon brain tissue. They are the most common growths inside the cranium from syphilis, and are more apt to occur from the ages of twenty-five to fifty. They vary in size. We will find them from the size of a small marble to as large as a hickory nut. The symptoms are headache, sleep disturbances, changes in mental condition, loss of memory, and in fact a general breakdown, both mentally and physically. The headaches from syphilis are not very severe as a rule. Sometimes a boring feeling is experienced. Occasionally at night the headache is severe. We have more or less dizziness accompanying the headache. We may have sleeplessness with the headache, or we may have the headache without insomnia, or insomnia without the headache.

There may be, and frequently is, an epileptic condition. The attacks may be either grand mal or petit mal. In these epileptic attacks consciousness is not so generally lost as in other forms of epilepsy. The attack, as a rule, does not last as long as in common epilepsy. Late epilepsy—that is, epilepsy coming on after the age of twenty-five—is almost certain to be syphilitic. In an adult, therefore, one over thirty years of age, and in apparent good health, who is attacked with epilepsy, we can almost certainly say they are suffering from the tertiary form of syphilis. After a patient has these convulsions for some time, we commonly find unequal size of the pupils and difficult in vision. The pupils do not react steadily to light. Atropia will dilate them, however.

Strabismus frequently occurs in the tertiary form of syphilis. Sometimes the optic nerve becomes inflamed and we will then have optic neuritis. What a patient may see one day he frequently cannot see the next. The sense of smell often is lost. I once had a patient with tertiary syphilis who could not distinguish salt from sugar by the taste. The sense of taste seemed to be entirely absent. We may

have partial paralysis. Asphasias are frequent in the third form of syphilis.

The patient may become impatient, irritable, downhearted and depressed. His entire character may become changed. He quickly becomes tired; sometimes any little exertion will exhaust him. He has a dull, don't care expression on his face. He may have melancholia, delusions and hypochondria, optic deficiency, amaurosis and convulsions.

Has the man had a chancre? Has he had any secondary symptoms? If he admits this it helps us materially in our treatment. A man may have had an insignificant sore, and slight secondary symptoms without even knowing it. This rarely occurs, however. A man may have had a sore inside of the urethra with a gonorrhea, and not know that he has had syphilis, attributing all of the trouble to the gonorrhea. It is sometimes hard to determine in this class of cases whether the patient ever has had syphilis. Disease of the optic nerve or third pair of nerves, after the age of thirty, indicates that it is tertiary syphilis. We do have headaches from disease of the kidney, but they usually continue longer. Syphilitic epilepsy is seldom ever cured by treatment of any kind.

The prognosis of the tertiary form of syphilis, especially when the brain is affected, is not very favorable. That the disease can be held in abeyance by medication I know from actual experience. Even some improvement may be noticed if the treatment be energetic and persistent, but I cannot say I ever saw an absolute and positive cure.

I will give a case which interested me considerably. It took me some time to diagnose syphilis. From the standing of the man I at first suspected syphilis. The symptoms were somewhat masked anyway. The patient, so far as I know, came of a good family. He possessed a good physi-

cal system; had married the second time. Since I have known him he has had two or three attacks of typhoid fever, more probably malarial fever. About a year before he came to me for treatment he began to have epilepsy, or what I would term semi-epilepsy. I do not think he entirely lost consciousness in these attacks. The convulsions were of frequent occurrence. This was especially the case when he became constipated, which was quite often. He had been under treatment for a long time before coming to me. As near as I can learn he had taken a large amount of bromide of potassium. I do not think it benefitted him in the least. His stomach and bowels became irritable and inactive from the use of the bromides. I examined him very thoroughly. I found some slight trouble with his heart, but of no serious nature. I found an enlarged liver. The spleen was also enlarged. This condition evidently resulted from rheumatism and malaria, from which he had suffered years before. I found uric acid in the urine. I also found some sugar. The quantity of urine passed was below normal. He was very much constipated and had no action of the bowels without the use of a cathartic or an enema. He had what I should call semi-epilepsy. The attacks would come on at any time, either night or day. Sometimes he would pass a week or two without having any convulsions; then sometimes he had a great many in succession. I was talking to him one day, when he asked me to come nearer to him, that he was going to have one of his spells. I watched him closely. His eyes became set and partially crossed; the pupils were very much dilated, and turned upward. The muscles became rigid. He kept up a continuous swallowing, as though there was something in the throat that he could not get down. This condition probably lasted three-quarters of a minute, when he took a deep breath and the muscles relaxed. He immediately had to go to the water closet. He said he not only had an action of the bowels but had to uri-

nate. I am not certain that this was the case after all his attacks, but it did occur after many of them. He had no particular soreness of the muscles after these attacks, and in fact no symptoms of any kind, excepting perhaps a very red face, which soon became pale. The pupils of the eyes remained dilated for some little time. The pupil of the right eye was at all times larger than that of the left. The intellect did not seem to be greatly affected. I think he was more despondent and irritable than before having the convulsions. I was not satisfied with the case when he first came to me and at the time gave no diagnosis. I prescribed the cascara and rhubarb to keep his bowels acting, and carefully watched for two weeks. I decided he had diabetes in a very slight form; that he had stomach and intestinal indigestion; that his system was saturated with malaria. I gave him strychnine, quinine, cinchona, taraxicum, gentian and soda. I gave him calomel in small doses. I used massage with electricity over the abdomen. I restricted him in his diet. For a time he seemed to improve, and passed five or six weeks without having a convulsion. He then became careless about his treatment. He bought a drug store, and in this store he kept candy for sale. He ate a large amount of candy each day for a week or two. This brought on another attack of indigestion, and he began again to have the convulsions. He finally had a chill, followed by fever. I visited him once a day for about a week, when he recovered. Following this sickness he began to pass bloody urine; this continued only a few days. About this time his eyesight failed him nearly entirely. I sent him to an oculist, who fitted him with glasses. He could not see to read or write. He was by no means doing well. I suspected tertiary form of syphilis. I thought there was a gumma within the skull, pressing upon the brain and nerves. I placed him upon the proto iodide of mercury and iodide of potassium; I also gave him tonics.

I asked him one day if he ever had syphilis. He told me that he had had a light attack about ten years before; that Dr. B. had treated him for it and pronounced him well. But he said he had begun to think that that might have something to do with his present illness. He had some knowledge of medicine. He told me when I began to give him the proto-iodide of mercury and iodide of potassium that he thought I thought he had syphilis. I told him he had made a great mistake in that he had not told the first physician he went to after the epilepsy manifested itself that he had had syphilis. He made a mistake also in not telling me. He admitted it, but he said that he rested upon the assurance of Dr. B., who had treated him and pronounced him entirely well.

Not very long after this he decided that he could not come to my office as often as he ought to, living in a neighboring city. He therefore placed his case in a lady doctor's hands. It was reported that he was improving rapidly under her treatment. I do not know anything about the case after she began to treat him, as I never saw him again. A few weeks thereafter he went to bed sick, and soon I saw the report of his death; cause given, acute albuminuria.

Now then, I am satisfied in my own mind that the cause of his illness and death was tertiary syphilis, producing inflammation of the veins, arteries and meninges of the brain. There was probably a gumma somewhere within the head, producing pressure upon the brain and nerves. This evidently produced the convulsions or semi-epilepsy which he had, also the unfavorable conditions which manifested themselves. The probability is had he been treated actively for syphilis in the tertiary form he would be living to-day. I do not say he would be a healthy man were he alive, but probably would be able to attend to business.—[Wisconsin Medical Recorder.]

SOCIETY NOTES.

EDITED BY H. H. HELBING, M. D.

The Eclectic Medical Society of Missouri will meet at Kansas City, May 20th and 21. The meeting is to be convened earlier this year in order that we may all attend the National. Begin now, to make arrangements, that you may be with us at Kansas City. We want you not only to attend but be prepared to take part in the program. Send me the title of your paper as soon as possible.

The following have been appointed by the President to conduct section work:

PRACTICE OF MEDICINE.

President, Chas. Palmer, M. D.; Secretary T. S. Bishop, M. D.

SURGERY.

President, E. Younkin, M. D.; Secretary, H. D. Quigg, M. D.

OBSTETRICS.

President, A. W. Davidson, M. D.; Secretary, E. A. Mendell, M. D.

MATERIA MEDICA.

President, M. M. Hamlin, M. D.; Secretary, J. H. Woodward, M. D.

GYNÆCOLOGY.

President, G. A. Steele, M. D.; Secretary, C. C. Hankins, M. D.

PEDIATRICS.

President, T. A. Son, M. D.; Secretary, C. S. Glover, M. D.

MISCELLANEOUS.

President, J. A. B. Adcock, M. D.; Secretary, L. W. Fowler, M. D.

COMMITTEE ON ARRANGEMENTS.

Dr. Chas. Palmer and as many others as he desires to call to his aid.

Owing to the inclement weather the attendance at the city society, Feb. 10th, was curtailed. However what we lacked in numbers we made up in enthusiasm. Dr. Baldridge, our genial vice-president, presided.

Dr. Hamlin reported a case of multiple chancres complicated with elongated prepuce and elucidated a treatment whereby the case was readily cured. One peculiarity of the case was a chancroid in the pubic region.

The Kansas State Association is scheduled to meet at Topeka, May 21st and 22nd. I hope they will see fit to change the place of meeting to Kansas City, Kas., so that we may hold a joint session on the 21st, because we feel that it will be to our mutual benefit in more ways than one.

We have recently received three applications for membership in the State Society. They are as follows: Dr. Geo. W. Tremaine and Dr. J. Dooley, of St. Louis, and Dr. C. O. Davidson, of Ashland. Let the good work go on; wont some more of our men join us?

The Arkansas Legislature passed a bill creating a board of examiners for each of the three schools of medicine, viz.: Eclectic, Homeopathic and Allopathic.

We congratulate the Eclectics of Arkansas on their success and we venture the opinion that they have a wide-awake flourishing society.

The second annual session of the Oklahoma Eclectic Medical Association, will be held at the parlors of the Hotel Lee, Oklahoma City, Oklahoma, on Thursday, May 14th, at 10 a. m.

Let every Eclectic in Oklahoma and Indian Territory send his name and address to the Secretary and make preparations to attend this meeting if possible, as an enthusiastic meeting is promised.

DR. E. G. SHARP, Secretary.
Orlando, Okla.

The American Medical Journal.

MONT. M. HAMILIN, M. D. Editor and Proprietor.

Contributions, Books for Review, Exchanges and other communications should be addressed to The American Medical Journal, 2900 Lawton Avenue, St. Louis, Mo.

\$1.00 A YEAR IN ADVANCE.

SINGLE COPY, 10 CENTS.

EDITORIAL.

A STEP BACKWARD.

Ever since the organization of the eclectic school as a district branch of the medical profession the battle cry has been for equal recognition—that our school be recognized before the law as equal to every other school or system of medicine.

We have complained, and bitterly too, that the dominant school refused to meet in consultation members of our school; we have complained that we were discriminated against in appointments, to positions of trust, such as to hospitals and asylums or other places under the control of the state or municipality, or by great railroad and other corporations.

While in some instances these complaints may have been justifiable and founded upon facts. We must not lose sight of the fact that the dominant school by reason of strength in numbers and influence, and like ourselves, exerting its every effort for its own aggrandizement and up-building has wielded a greater influence with the powers that be than we have been able to do. In other words the allopath simply has a stronger pull politically with the big corporations than we and hence he gets the plum. He is entitled to it if he can get it. Is there an eclectic that would not do the same thing. But have we cause to complain along this line? Have we not as many men, according to

our numbers, in places of trust and honor as any other school? Lets see: in Missouri we have about 8,500 physicians all told; of this number there are about 400 eclectic; on our State Board of Health we have 1 eclectic—1 to 400. The homeopaths number about 500 in the State with 1 representative on the Board—1 to 500—thus leaving 7,600 allopaths with 5 members on the board, or 1 representative to every 1,520.

This looks like discriminating against eclectic with a vengeance, don't you think? The same or similar conditions obtain in nearly all the states. Our physicians are subject to the very same examinations that are required of other schools—no more and no less. The same certificate is given to all, no difference, no discrimination, simply a license to practice medicine and surgery in Missouri without reference to school, thus putting us (eclectics) absolutely upon an equality with all and every other school. This is the very thing that we have been fighting for so long, now we have it and the thinking members of the schools—even the allopaths with only about one-fourth the representation that we have—are satisfied or at least have adjusted themselves to existing conditions and are not complaining.

On the Board appointed by the Governor to locate and build asylum No. 4 our Dr. C. H. Rigg was the only physician on the Board. One of the greatest railroad systems in the country has for its chief surgeon an eclectic, and many other eclectic hold positions as local surgeons on the different railroads. We therefore have no cause for complaint. Neither state nor corporation cares a fig about the school. Its the amount of influence the man can bring to bear upon the appointing power. At the outbreak of the Spanish-American War a resolution passed the U. S. Senate that *no* discrimination should be made as to schools of practice in appointing surgeons in the U. S. Army and Navy.

The facts are, we have been given every consideration

and as fair treatment as we can in justice ask. To say that the individual Allopath will not consult with an eclectic is simply to beg the question, and the eclectic is always the gainer by such refusal. Popular opinion controls the actions of the average Doctor and if the eclectic Doctor stands high in the minds of people, no one knows it sooner nor better than your allopathic neighbor and he can't afford to refuse you consultation. Deserve confidence and you will be sure to get it.

In view of the foregoing facts it would seem to be, and is according to our way of thinking, extremely inopportune not to say disastrous to our school to ask the Legislature to give us a separate examining board, especially is this true when we consider that under the present law every eclectic candidate has the right to be examined in therapeutics by the eclectic member of the board, thus virtually making a separate board for eclectics.

The complaint of discrimination and threatened annihilation is without foundation in facts. It is absurd. And this so-called Equal Lights League is nothing more or no less than the wailings of a disappointed, self-seeking few who do *not* want equal rights but, on the contrary, are seeking by every way fair or foul, and by dark lantern methods they are putting forth their utmost efforts to make things *unequal*. Some men can't stand prosperity and to put them upon an equality with physicians of all other schools lifts them to a plane of attitude that is unpleasant; it gives them palpitation of the gizzard and they begin again to cry for the flesh pots of Egypt. No sir, equal rights is the thing farthest from their minds.

This bill creating four examining boards is a long step backwards: even had it been created by the unanimous consent of the eclectics of the state, we would have serious objection to supporting it, but since it is the creation of one man only and the money collected from the eclectics of the

state is being so foolishly squandered by ill-advised methods and by those who are by no means representative Missouri eclectics, we most certainly cannot work for the bill even though we had been asked to do so, which we have not?

The editor was not consulted at any stage and knew nothing of its existence until he was approached by a representative in the Legislature while attending a meeting of the State Board of Health at Jefferson City in January last. Drs. Younkin, Merrell and Pitzer were not consulted, in fact none of the men who have held up the banner of eclecticism in the state were consulted. The men who are responsible for this so-called Equal Rights League and this four-headed bill are every one imported and they are itching for positions and for a little free advertisement of themselves. We oppose the bill because it is seeking to lower the standard of eclecticism. We oppose it because we know if all the facts were brought to the knowledge of the eclectics of Missouri a vast majority would also oppose it. We believe in progress. This bill is opposed to progress. We believe that eclectics are the equals of any other school of physicians and should be granted an equal privilege with others, this bill seeks to destroy our equality. Its tendency is to retrograde. Its a long step backwards. Hence we are opposed to it becoming a law and shall use what time and effort is afforded toward expressing this opposition.

LAUGHING IN THEIR SLEEVES.

Our allopathic friends are all favorable to the passage of the 4 Board bill. They say its just what we want, it puts us in a class to ourselves and effectually draws the line between the *profession* and the quacks. As the law now stands it puts every one who can pass the examination of the Board of Health upon an absolute equality; this proposed law effectually draws the line between the doctor and the

eclectic; the doctor and the homeopath and elevates the Osteopath to the same level with Eclectic and Homeopath. And the funny part of it is, you fellows are doing it yourselves. Yes sir, we are enjoying the joke hugely. We are for the bill, you bet.

"ALL HIS FRIENDS."

'Of a St. Louis man it was recently said that he celebrated his birthday "by entertaining all his friends and relatives"

It is well that he included the relatives, for had he contented himself with inviting only his friends, the crowd would have made a slim showing.

A man's relatives may rush in whenever there are festal doings and fill up his house, till it looks like a steamboat excursion, but just let him invite "all his friends" and see how many there will be on deck. Why, there wouldn't be enough of the crowd to eat a ham sandwich or lick up even one quart of champagne.

Were he to invite all of his acquaintances—but, ah, that is another matter. All friends are acquaintances, but not one acquaintance in a thousand is a friend. I know a man who claims to have more than 20,000 acquaintances, but how many friends has he?

You yourself are on speaking terms with two or three thousand persons maybe, but how many friends have you? That is the question.

Of all the people you know, to how many would you be willing to confide a secret, and to how many would you feel at liberty to go for counsel or aid if you were in need of either? If your eyes were turned "to behold for the last time the sun in heaven," for which one of these hundreds of men and women would you send to come to you? Or would you send for any of them?

Rather a lonesome prospect, isn't it? Still that's the

way of the world. When a man entertains "all his friends" you can put it down that he is entertaining two—himself and another fellow."—[Ex.

[Ah, too true. Did you even befriend a fellow-traveller when he was in need, when he could go no further; when his money was gone and he had none to lend a helping hand; when he was simply on the verge of despair? When you took him by the hand and said stand up, brother; did you note the expression of gratefulness on his countenance. You gave him help; you gave him position; you held him up until he was strong enough to walk alone. Would he ever forget your kindness? Ah, could he ever be other than your friend? "When a man entertains 'all his friends' you can put it down" that this fellow is not among the number. —ED.]

NOTES.

—Dr. B. F. Lazenby, Wentworth, Mo., came to St. Louis with a patient for operation for appendicitis. Dr. Younkin did the operation at the Metropolitan Hospital, Feb. 26th, removing the appendix and draining a pus cavity. The patient is doing well with bright prospect of a complete recovery.

—Dr. J. C. Huntley, St. Louis, is this week as usual, in Jefferson City lobbying the Legislature. He is treasurer of the League and if he fails to get his ten a day and expenses we will miss our guess.

—Dr. J. R. Barry, formerly of Grubville, is now located at California, Mo. We wish him abundant success.

—Dr. G. O. Hulick is pleasantly located in East St. Louis, Ill., and is doing a good business. Nothing small about Hulick, even his appetite is robust.

—Dr. Robt. I. Rigler, one of the American graduates of 1902, is located at the corner of Lee and Newstead avenues,

St. Louis. He is simply doing a land-office business and coining more cash than any doctor in that section of the city.

—Dr. B. J. Wiesner, the valedictorian of the class of 1902, is located at 2804 Lafayette avenue, St. Louis. He has already built up a fine business and like his class-mate, Dr. Rigler, has gone into the coining business.

—Dr. W. A. Holden, another of the bright boys of the American (1901) is located on Taylor near Maffit avenue, and is doing the biggest practice of any doctor in that part of the city. He, too, knows how to look after the financial end of the business. The old American is proud to learn of the success of her boys. Let us hear from all the boys.

—One of the "boys" who is "doin' somethin'" for the 4 Board bill gives as one important reason for his actions that the "Allopaths will not meet us in consultation." Well, yes, that may be true with the "boys" but when they get to be men and can wear a mantle the average Allopath will doubtless treat them with more consideration. We are frank to admit that we have had no such troubles. Our greatest concern is how to keep from holding consultation with the Allopaths. It all depends you know.

—The "boys" say the old man has out lived his usefulness, his mantle will fall on "our" shoulders; just imagine, Prof. Edwin Younkin's mantle falling on one of these youngsters: why, sir, it would resemble a mouse walking under a circus tent. According to our best computation, de ol' man's mantle would make a full dress suit for 42,769 boys of this size and still enough scraps would be left or patching.

—On the night of Dec. 16, 1901, we did an operation for the relief of a strangulated femoral hernia, between the hours of 12 and 2 o'clock a. m., at a farm house, by lamp-light. Dr. W. E. Smith, the attending physician, adminis-

tered the anæsthetic. Two of the neighbor women assisted the operator while two men held the lamps. The patient, a lady of about 60 years, was in a very precarious condition and the operation was begun only as a last resort. To the great surprise of all the operation was a complete success, not only for temporary relief, but as a radical cure. The patient made a splendid recovery and is now in better health than for twenty years before that date.

—For follicular tonsillitis try this R_x Doctor and you will not use anything else. Its a "knocker."

R_x Sodæ Salicylate, ʒj.

F. E. Aconitii Rad., gtt. x.

F. E. Phytolacca Dec., gtt. xl.

Glycerine, ʒi.

Aqua, ʒiij.

M. S. Take a teaspoonful every two hours.

The above is a slight mortification of one of Prof. Younkin's favorites. In scarlet fever and diphtheria it is the first thing we think of. Of course making the proportions to accord to the age of the patient.

—LOCATION.—A good location for an eclectic can be had by corresponding with Dr. W. C. O'Neal, Belgrade, Mo. The editor is personally acquainted with this location and he has no hesitancy in saying it is a No. 1 place for a good man.

HONEY GROVE, TEXAS, Feb. 19th, 1903.

MONT. M. HAMLIN, M. D., St. Louis, Mo.

My Dear Doctor:—Enclosed find the long green which answers your recent prayer and squares me on your books for 1903. Trust that a sufficiency will be forthcoming to enable you to make the "Devil" that rules the Journal office smile once more. As for "the old man in Texas" he takes every Eclectic Journal published and if every Eclectic

tic in the country would do as much, even if he or she did no more, our over-worked and poorly paid editors could sleep better—walk with an easier gait—enjoy his pastor's sermon better on Sunday morning—speak more kindly to his bad pay patients—speak with more brotherly feeling to his competitor in journalism or in the practice of medicine—enable him to compass a greater volume of work with less mental and physical expenditure—or to put it the shortest way the editor would then be willing to take his religion into partnership with him. Am glad to see the old American stand firm and that every possible success will be yours during the present year is the sincere wish of

Yours respectfully,

MARQUIS E. DANIEL, M. D.

[This kind of sympathy makes ye editor smile all over his face, and the "Devil" fairly danced a jig as he remarked: De "ole man in Texas" is sure all right; wish all the Eclectics were as patriotic as he. And the man on the tripod nodded assent. The "long green" was amply sufficient. Thanks.—ED.]

RUBBING IT IN.

"An' de text say," remarked the old colored parson, "An' he shall sep'rate de sheep from de goats." Now, bruden an' sistern, Ah ain't castin' no 'flecshuns on dis congregashun, but knowin' hit as Ah does Ah's willin' to bet foh dollahs dat when de day ob judgment done rolls eround dar will be somethin' doin' in de goat market."—Chicago News.

READING NOTICES.

I BELIEVE ALETRIS CORDIAL to be a great remedy for the various uterine diseases. It acts, as an alterative and tonic, far in excess of any remedy I have ever used. I used it on a patient with congestion of the ovaries, with happy results; also on a patient with dysmenorrhea, with good results. ALETRIS CORDIAL is certainly a fine uterine alterative and tonic, and fills the missing link in therapeutical agents in the treatment of uterine troubles.—W. T. WILSON, M. D., Bunker Hill, Ind.

QUICK AND SURE AND TIME-TRIED.—No doubt many of our Doctor friends will recognize in the following, from Chas. B. Forsyth, M. D., (Bellevue Hospital Medical College, New York City), dated Alexandria Bay, N. Y., Jan. 6th, 1903—an expression which will, in many instances, recall their own experience. He says: "I can say no more than that I have used Antikamnia Tablets since I began practicing medicine. Several times I have switched to other preparations, but I invariably come back to Antikamnia Tablets, when I want quick and sure results."

The Antikamnia Chemical Company, St. Louis, Mo., is an old and responsible concern, and any of their medicinal specialties may be depended upon, to be just as represented. The latest additions to their list of preparations are "Antikamnia & Heroin Tablets" and "Laxative Antikamnia & Quinine Tablets." Send to them for samples, mentioning American Medical Journal.

SANMETTO IN ENLARGED PROSTATE COMPLICATED WITH CYSTITIS.—Dr. J. M. Minick, of Wichita, Kas., President of the Kansas State Board of Health, reporting his experience with Sanmetto, says: "I do not explain the action of Sanmetto from any ulterior motive or for publication any further than I candidly believe it is a God-send to men who are afflicted with enlarged prostate gland complicated with chronic cystitis, with a constant desire to micturate, especially at night."

THE AMERICAN MEDICAL JOURNAL.

VOL. XXXI.

APRIL, 1903.

No. 4.

ORIGINAL COMMUNICATIONS.

"PURE BOVINE VIRUS" FOR "SCIENTIFIC" VACCINATION.

BY ALEXANDER WILDER, M. D.

In a private letter from a physician, is the following account of the mode of preparing vaccine virus:

"I got hold of an article on the preparation of vaccine virus for the market. I think it throws considerable light on some of the various conditions which we have seen and heard of. In the formation or propagation of the material there is the crust or scab. This consists of pure virus, pus, and what foreign material may adhere to it from the air. On the underside of this crust is pus pure and simple. These are called the by-products. When these are removed, there is a watery serum white and limpid, that oozes up from the center of the sore. This is the pure vaccine serum. But there is not enough of this to make it profitable, or to supply the demand. So the whole is ground up together, mixed with glycerine and put on points or in tubes for use. So, if the pure vaccine does not 'take,' some of the by-products will, and we get a sore arm anyway. Perhaps the axillary glands are involved; the arm swells to the finger-tips; holes are eaten into the arm, and there is a foul-smelling discharge. When it heals, there is a bad scar left, and perhaps the arm is weak for a long time, if nothing worse. But it would be 'a good take.' "

D. G. W.

In this sketch a leading fact is left unmentioned. The

Jenner vaccine virus, a product from a cow, is never used. It does not exist. When a vaccinationist calls this the Jenner operation, he says what is not true.

The operation now called vaccination is a form of small-pox inoculation. The first stage is to infect an animal with the pus of a small-pox ulcer. The product of this inoculation of the animal is what is here described. Hence individuals who are inoculated sometimes have small-pox as the direct consequence, as Prof. Coderre observed and reported in Montreal. Oftener they are poisoned from pus, and are sickened, sometimes to death, from pure poisoning. The larger number that escape these calamities, are those where the stuff is inert and relatively harmless. They are to be congratulated—not because of securing any immunity from small-pox, for they have not, but because no serious harm has resulted.

Dr. J. N. Peebles, however tells of another mode of procuring "vaccine virus." It was told by a physician at the International Anti-Vaccination Congress, in Paris. He had witnessed it. The belly of a calf was shaven, and then bruised and made sore. When the bruises had suppurated sufficiently, the sores were opened, and the contents were put up and sold.

Doubtless if the ways and procedures at the vaccine farms were published, it would require an armed force of soldiers to compel the outraged public to submit to the felonious infliction. It would be a reiterating of the threat of Thomas Clifford in Cleveland: "If Health Officer Friedrich endeavored to vaccinate by compulsion at his home, No. 1413 Rhodes avenue, the doctor would come face to face with a gun."

The "police power," under the assumption of which vaccination is enforced, does not extend far enough to warrant or validate compulsory vaccination. Resistance is therefore laudable.

Meanwhile Dr. Munn's offer remains unaccepted: of \$100 to whoever will show that vaccination ever cured, or even prevented or mitigated a case of small-pox.

But the spirit of revolt is steadily gaining headway. Anti-Vaccination Leagues exist in a score of cities, as in Boston, New York, Cleveland, San Diego, Los Angeles, Hartford, Waterbury, etc.

In connecticut it is making its way into politics. Stratford takes the lead by the electing of an anti-vaccinationist to the Legislature. Norwich elected an anti-vaccination School Board. There are ten leagues in the State, and an extensive propagandism is begun. Petitions are in circulation for the repeal of the compulsory act which had been artfully procured, and an effort will be made at the coming session to accomplish that result.

"The legislation," says the Rev. E. S. Bullock, of Stratford, "is not an attack upon an evil that exists, but upon a possibility of an evil. It is not aimed at the sick but at the well, . It subjects the well to a pecuniary damage, but does not attempt to cure the sick. Its shafts are not aimed at a reality, but at a possibility—a possibility that may never happen. Such legislation, when brought before the proper tribunal, would be declared unconstitutional and void."

THE KIND THEY USED.

Mrs. McCall: Those neighbors of yours are quite lively. I never met any people who indulged so much in repartee.

Mrs. Malaprop: You don't say? Why, I borrowed some from them the other day, and it tasted to me like Oolong.

A NEW BONE CLAMP FOR THE TREATMENT OF DELAYED UNION AND NON UNION OF BROKEN BONES.*

BY PROFESSOR E. YOUNKIN, M. D.

Non union of fractures is a somewhat uncommon event but when an occurrence of this kind does take place it is exceedingly mortifying to the surgeon in charge.

The causes of delayed or non union may be either constitutional or local; of the first they are chiefly conditions of the general system, such as anæmia, general debility or some peculiar dyscrasia. The local causes may be arrest of the circulation by tight bandaging; too much freedom allowed to muscular action, interposition of soft tissues, blood clots interposing between the ends of bones; overlapping of the broken ends; phlegmonious inflammation; want of proper adjustment, lack of perfect fixation and frequent interference.

Amidst the various modes of treatment for non union the following summary is that usually adopted:

1. Improve the general system.
2. Remove all local causes.
3. Increase the action of tissues adjacent to the fracture by friction, embrocations, electricity, etc.
4. Employ again rest, compression, and fixation from two to eight weeks.
5. Resort to Brainard's method of perforating the soft parts and ends of the fragments with an awl.
6. Incision and sawing off the ends of the bones after which immobilization and rest.

Where these means fail amputation is usually advised, but some surgeons have still delayed this advise and have resorted to some form of ligature, such as kangaroo tendon, silk and silver wire ligature. Finding these inadequate, the

*Read before the Eclectic Medical State Society of Missouri.

bone ferule, ivory and metallic plugs, pins, nails and the hurried metallic screw and staple of Gussenbauer; then the plate and screw of Agnew were used?

Much objection has been urged against the above methods as they have been found inadequate in fixing the fragments, or led to infection, and others open to the objection of a secondary operation for the removal of the instrument even after union had taken place.

Having employed about all of the above methods and finding them unsatisfactory in many particulars, I conceived an idea that there ought to be some way more effectual in treating ununited bones. No sooner had I my apparatus manufactured when I read of a device and instrument by C. Parkhill, M. D., of Denver, Col., which I find operating on the same principle, though quite different in its construction from what I introduce to you as my own conception. This instrument, when properly adjusted, is capable of holding the fragments in position and at the same time it admits of necessary aseptic or antiseptic dressings, and when a removal becomes necessary the apparatus can be taken away without a cutting operation. You will observe it is quite simple in its construction and easy of adjustment, fixing the fragments absolutely just where you place them. It is not as complicated as Parkhill's apparatus and is, perhaps, no better, but holds the fragments equally as well in like manner, and is much cheaper. You will observe here two horizontal bars, fastened together at one end with a hinge that admits these bars or plates to open and shut like a knife. On the other end is a latchet and by thumb screw attachment these plates can be opened or closed to any space desirable. There are four shafts or screws with thread cut from point to head, the upper end is governed by a key. Holes are drilled into each fragment of bone, two on each side of the fracture, at any distance apart, when desirable, and the screw shafts are turned into these holes. Each shaft is armed with two ad-

justible nuts, one to go below the clamp and the other to come down above the wing plates, thus holding the shafts firmly. The wing plates are toothed to hold the shafts solid at every point. The shafts are first set into the bone, care taken to have them in the same line; the lower thumb nuts are now turned to same level and the clamp plates laid onto the thumb nuts and tightened. Now the upper thumb nuts are turned down tightly upon the clamp plates. The clamp plates are fixed far away from the incision; the incision, through the tissues made to reach the broken bone can now be sutured around the screw shafts that hold the fragments and the apparatus is far enough away to admit of cotton and gauze dressing. This instrument is made of steel and should be heavily plated with silver and kept perfectly aseptic. The posts setting into the bone will do no harm but act as a stimulant to the structures. They should enter the bone sufficiently to hold the fragments firmly. They are readily removed by the key when required.

My claims are, perfect adjustment and fixation of the fragments; perfect asepsis secured, and before amputation is resorted to, this instrument should be given a trial. Where fractured ends of bones, in *recent* cases, cannot be retained by simpler methods, I would not hesitate in using this clamp immediately.

P. S. Mr. Editor.—The above article was more fully explained before the State Society by the exhibition of the instrument and I regret to state that I have no cuts of my clamp on hand for the benefit of the readers of your Journal.

Mrs. Bond Clipper.—Doctor, what do you think is the matter with me?

Doctor.—I am inclined to think that your blood is not pure. I will have to give you some medicine for your blood.

Mrs. Bond Clipper, haughtily.—You are probably not aware that I belong to a good old Norman family.

•

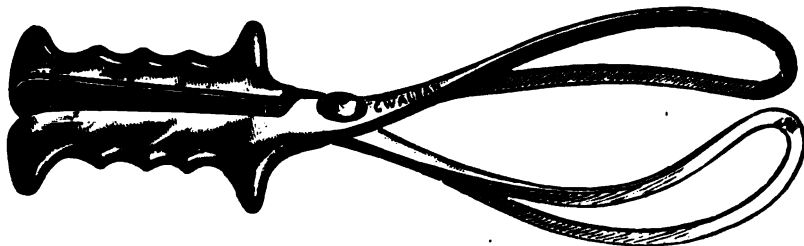
OBSTETRIC FORCEPS—WHEN AND HOW TO USE THEM.

Lecture Delivered March 12, 1903, at the American Medical College by Prof. P. C. Clayberg, M. D.

(Reported by X-Ray.)

DESCRIPTION: The obstetric forceps consist of two interlocking crossed branches, distinguished as right and left. The left branch is always introduced into the left side of the pelvis, and is held in the left hand of the operator; the right branch is introduced into the right side of the pelvis, and is held in the right hand of the operator. Each branch has four parts: handle, lock, shank and blade.

The handles should be made of metal, armed with a



knot at their lower end; at the upper end a projection is a convenient device to afford security of grasp while making traction.

A convenient device for locking should be provided. Most modern forceps have either the Smellie or Levret lock. The Levret is constructed with a thumb-screw on the left branch, with a notch on the edge of the right into which the screw fits.

The Smellie lock is constructed on the principle of a mortise and tenon. It is essential that the lock be so constructed, as to permit of easy locking, but should hold the branches in proper relation with each other with a reasonable degree of security.

The compressive power of the instrument will be regulated by the relative position of the lock. The farther the distance from the handle to the lock, the greater the lever action in compressing the head. Usually the lock is placed about one-third way from the proximal to the distal end of the instrument. The shanks connect the blades and handles. They may be parallel, or they may be superimposed; they are necessary to give the proper length for high operations.

The blades have two curves; a cephalic to adapt them to the foetal head, and a pelvic to adapt them to the birth-canal.

I have had a forcep made that combines the qualities that I have found most essential for practical purposes. I have adopted the German lock, which consists of a post upon which is a flat button fitting into a notch upon the opposite branch.

The handles are similar to the Elliot, without the set-screw, which is useless and serves to catch and retain offensive matter. The shanks are superimposed; the blades are made with a distance of three inches at greatest width when handles are in contact; points are one inch apart.

Edges of fenestrae are nicely beveled and are cupped, thereby adjusting them more accurately to the contour of the head.

All is made of hand forged steel and arrangement made with the manufacturer that insures the purchaser that if he orders an instrument, he will receive an exact model of the author's instrument.

I have devised this instrument with a view of furnishing the student with one that will serve all his purposes.

PRE-REQUISITES TO USE OF FORCEPS.

Before resorting to forceps, the obstetrician must ascertain that the relative size of the foetal head, and the pelvic diameter are such that a safe extraction can be made.

The size and plasticity of the head must be considered:

An excessively small or a macerated or a perforated head are not suited for a forceps operation, as the hold of the instrument will necessarily be insecure and liable to slip.

In marked hydrocephalus, and in excessive development of the head from any cause, the grasp of the instrument will be insecure, and the resistance too great to be overcome with safety.

The position must be favorable, and when abnormal must, if possible, be connected by manual interference.

The child must be alive and viable. Unless the delivery can be easily accomplished, perforation is to be preferred in case of a dead child.

It is desirable that the head has descended until the biparietal diameter is on a level with, or below the inlet, or that it can be crowded down by suprapubic pressure that level.

It is a good general rule to employ version before engagement; forceps after engagement. However there are exceptions to this rule.

If the membranes have been long ruptured and the liquor amnii drained away, the child firmly grasped by the retracted uterus, version is then a difficult and dangerous operation.

Forceps in such a condition is safer and an easier operation than version.

Under no circumstances should an attempt be made to apply the forceps to an unengaged head, until it has been pressed down as deeply as possible, and held so by an assistant, while the blades are being adjusted.

The cervix must be fully dilated or easily dilatable; in emergencies, manual dilatation must be resorted to.

The membranes must be ruptured and retracted above the head.

INDICATIONS FOR FORCEPS.

Failure of expellent forces, failure of pains to cause ad-

vancement are not of themselves always an indication for forceps delivery.

In the absence of complications threatening the life of mother or child, haste is unjustifiable.

The physician is not justified in using the forceps simply to save his own time.

Delay, resulting from simple inertia, which is likely to prove dangerous to either patient calls for the use of forceps.

The physician must estimate the gravity of the case by the general condition of his patients, the heart action in each being the best indicator of the condition.

If either heart indicates exhaustion by undue rapidity and lack of force, there being no obstruction on the part of the passages or passenger, the forceps are indicated: here as elsewhere, if the dangers of forceps are less than those of delay, use them. It is a delicate question to decide when this condition calls for forceps.

As a general rule, if the head has been arrested in the passages low down and has not advanced for a half hour, interference is demanded in the interest of the mother. In moderate narrowing of the pelvis, the forceps are indicated. A thorough understanding of axis traction and the walcher posture extends the field of forceps operations, but in case of much disproportion between the passages and the passenger, with a living and viable child, symphyseotomy promises better results for both mother and child, than a difficult forceps operation.

In slight contraction of the pelvis, forceps has the advantage over version, in that instruments are more easily sterilized than the hands, and the uterus is exposed to less mechanical violence.

Forceps are indicated in occipito-anterior positions, mento-anterior, face presentations and in impacted breech cases, and in cases of delayed after-coming head

Foetal exhaustion indicated by pulse rate below 100 or above 160 indicates speedy termination of the case by forceps. Forceps are sometimes indicated in eclampsia, hemorrhage, prolapse of cord and in all acute and chronic diseases in which immediate delivery is required in the interest of mother or child, or both.

DANGERS OF FORCEPS OPERATIONS.

The mother is exposed to injuries by the use of the forceps that sometimes are unavoidable.

Slight contusions are of frequent occurrence; injuries to the soft parts are more frequent than in spontaneous deliveries. Most liable to injuries are the cervix and vaginal orifice, the resistance being greatest at these points. Serious injuries are usually due to ignorance or carelessness on the part of the operator, hence are a reproach on him rather than upon the instrument as a result of improper application or unguarded traction.

The blades may slip from the head either vertically, or horizontally, and bedragged through the passages doing irreparable harm.

The bladder may be wounded, posterior vaginal fornix may be perforated if the handles be carried too far backward or forward during traction. The vaginal walls may be injured by the tips of the blades; misdirected traction exposes the soft parts to great and needless injury.

The child is exposed to injuries from pressure, intracranial hemorrhages resulting from injuries to meningeal or cerebral vessels is not a infrequent accident in difficult forceps extractions and may occur in easy cases. Injurious pressure may result from haste, dragging an unmodelled head through the passages accompanied as such efforts necessarily are by a too forcible grasp of the blades.

When the cord is coiled about the child's neck it is exposed to pressure by the tips of the instruments and fatal asphyxia may result.

Facial paralysis, idiocy from cerebral atrophy, psychical disorders and even epilepsy in later life are said to be possible consequences of these lesions. The lower anterior angle of the parietal bone is the most vulnerable point.

Abrasions, indentations, lacerations and contusions sometimes occur, but anything more than slight marking must be regarded as evidence of ignorance or carelessness, neither of which is excusable. The skillful use of the forceps should diminish rather than increase foetal mortality.

PREPARATION FOR FORCEPS OPERATION.

The bladder must be emptied; the rectum if distended, must be evacuated by washing out with water, to which may be added common salt. In all cases that are apt to be difficult or prolonged, an anæsthetic to the surgical degree is advisable and should, if possible, be entrusted to a competent medical assistant. In low operations anæsthesia may be dispensed with.

The external genitals should be cleaned, giving special care to the vulva and immediate surroundings. If the vagina is healthy and has not been exposed to unclean contact no internal cleansing is required. When the vagina is diseased, or there is reason to fear there has been infection, the vagina and cervix should be disinfected as carefully as the vulva.

The operator's hands and forearms should be prepared the same as for a major surgical operation. The instruments should be sterilized by boiling. They may be wrapped securely in a clean towel before boiling, and allowed to remain so until used. The patient's clothing and bed covering must be as nearly aseptic as it is possible to make them.

Indispensable to a safe forceps delivery is an exact diagnosis of the position of the head. In case of the slightest doubt, a thorough examination should be made immediately preceding the introduction of the first blade of the instrument. If an anæsthetic is to be used, this examination

should be made after the patient is anæsthetized. The cervix must be dilated, or so soft that the head can be extracted without the slightest risk of tearing. If necessary, the dilatation may be completed by hand or in an emergency by multiple slight incisions.

POSTURE OF THE PATIENT.

The patient is placed on her back across the bed with her thighs and legs flexed, and her knees held apart, and hips extending over the edge of the bed.

One assistant on each side is necessary for holding the limbs. In difficult cases, with head at or above the brim, place the patient in the walcher posture until the largest circumference of the head has passed the brim, when her thighs and legs should be flexed during the completion of the extraction.

The operation is spoken of as high when the head is at the superior strait or barely engaged therein; LOW when it rests on the pelvic floor; MEDIUM when in an intermediate situation. These operations differ in the character and extent of the manipulation involved. A low operation is a comparatively simple undertaking while a high operation demands a high degree of skill.

The application of the forceps may be cephalic or pelvic. In the former, the blades are applied over the parietal eminences; in the latter, the blades are applied in relation with the sides of the pelvis without any reference to the head.

In the application of the blades to the side of the head, the grasp is more secure, and the danger to both mother and child is reduced to a minimum. When the blades are applied to the sides of the pelvis, the head is usually caught obliquely and the higher the head at time of application, the greater the obliquity. On the other hand, the pelvic application of the blades is the simpler and easier of accomplishment.

In the hands of an experienced operator, if the handles

are lightly grasped and traction made intermittently, the irregular compression is well borne by the child, and the soft parts of the mother are in less danger than in the attempt at cephalic application.

STEPS OF THE OPERATION.

The operation comprises four steps: the introduction of the first blade; introduction of the second blade; locking the forceps, and extracting the foetus.

The operator sits or stands in front of the patient, with two or more fingers of right hand introduced into the vagina; he pushes them upward and backward between the head and wall of the passages, and if the cervix has not been retracted over the head he insinuates the finger tips in the cervix; then grasping the left blade in left hand, he introduces it along the palmar surface of right hand as a guide, until the tip of the blade comes in contact with the head; from now on the tip being out of reach is made to hug the head lightly and following both the cephalic and pelvic curves, it proceeds in a spiral course, finding its own way, moving in the direction of least resistance. No force is permissible. If an obstruction is met with, the blade should be partially withdrawn, and its direction slightly altered till it slips into place. Should a uterine contraction come on during the introduction of a blade, manipulations should cease until it is over.

The right blade is introduced on the left hand as a guide, in a manner similar to that described for the left blade. It is usually advisable to have an assistant steady the first blade during the introduction of the second. While the introduction of second blade is not so easy as the first, it is not as a rule very difficult.

The blades being in position, the operator now seizes one handle in each hand, his thumb being extended along the upper surface. If the blades are properly applied, the

two halves of the instrument will fall into position and lock.

If the handles do not face each other, push them gently against the perineum. If one is higher than the other, push the lower one up gently.

In high operations, it will always be necessary to press the handles well back against the perineum. The locking must never be forced. If difficulty is still encountered, the blades should be partially or wholly withdrawn and re-introduced.

When a good seizure is had, the handles in an average sized head will not be far apart though not in contact.

A common mistake consists in not passing the blades far enough. The head should be brought well within the cranial curvature of the blades.

The grasp must not be too far backward or forward and must not include a loop of the cord. As the instrument is locked, a finger must be swept around the shanks to prevent pinching the labia or entangling vulvar hair.

Having satisfied himself that the head is properly grasped, the operator holds the forceps lightly in his grasp until a contraction occurs, and then observes carefully the effect of the pressure on the instrument, as this points the direction in which traction should be made.

In easy extractions, the force is applied with one hand, while the other is employed to give warning, should the instrument be inclined to slip.

When more force is required both hands are used for traction and examinations made at frequent intervals between tractile efforts.

In low operations, the delivery is made under ocular inspection, with the head low, and in anterior position, little force is needed. The forceps is grasped near the lock with one hand, the first and second finger hooked over the projecting shoulders at upper end of the handles. Little com-

pressive power is needed as the walls of the birth-canal make sufficient pressure to keep the blades in place.

The tractions should be intermittent and when no anæsthetic is used should coincide with the pains.

During the intervals the grasp on the instrument should be relaxed to relieve the head from pressure.

The extraction may be completed with forceps unless the application has been faulty and the points of the instrument are found projecting in such a way as to threaten the integrity of the pelvic floor, in which case, the forceps should be removed.

In the reverse order of their application, two fingers of one hand are held over the anterior edge of the blade to protect the maternal parts. Should an obstacle be encountered, the blade may be left in place till the head is expelled. If the delivery is completed with the forceps, the natural mechanism must be closely followed. The head must be drawn down until the nucha is well under the arch. The handles are then lifted upward and the head extracted by extension; the forehead, face and chin made to sweep over the distended perineum.

The handles should be held forward during the perineal stage as far as possible, without injuring the parts between the edges of the blades and the ischio-pubic rami. If in doubt as to the extent to which the handles should be swept forward, loosen the grasp on the instrument and observe their position; if a proper grasp is had on the head, the handles when left to themselves, will assume the position in which they should be held during traction. During the extraction, the head should be pressed firmly up into the pubic arch. The perineum should be protected the same as in a spontaneous delivery. Time is an important element in prevention of perineal injuries. In primiparæ haste is especially dangerous and seldom admissible.

In high operations, if the ordinary forceps are used both hands are employed to make traction.

The tractile force must be applied as nearly as possible in the axis of the birth-canal.

The handles are held by one hand lightly, and the other is placed upon the shanks near the vulva. Pressing downward with the hand on the shanks and lifting up on the handles, the two forces may be so balanced that the resultant shall act in the line of descent. A straight line passing through the umbilicus and tip of the coccyx is practically the line of descent until the head reaches the pelvic floor. As soon as the pelvic floor begins to bulge under pressure of the advancing head, the direction turns forward.

From this point the technique is the same as that described for the low operation.

A WORD OF ADVICE TO ARKANSAS ECLECTICS.

The recent passage of a medical bill providing for separate examining boards, and requiring every individual now practicing medicine within the state to present proof of his authority to so practice, makes it incumbent upon such person to be immediately identified with the medical society representing his system of practice.

By so doing he not only aids in upholding progressive medicine, this being the intent of the measure before mentioned, but will be placed in the classified list of reputable physicians of the state. We appeal especially to Eclectics throughout the state who have long held aloof from our association. We have recently discovered in our state about twenty graduates from Eclectic colleges whose names have been appearing year after year upon the unclassified list in the different medical directories. By reason of this they have apparently been overlooked in mailing association programs and other important medical notices.

We beg of you, gentlemen, to make a special effort to attend the twenty-third annual meeting of the Arkansas Eclectic Medical Association at Little Rock, April 15, 16, 17, 1903. The members of the Eclectic Board of Medical Examiners will be selected, and we need you in choosing the members of said board.

For particulars address,

J. L. VAIL, M. D.,

Secretary A. E. M. A.

2711 W. 14, Little Rock, Ark.

LEETON, MO., March 18th, 1903.

EDITOR AMERICAN MEDICAL JOURNAL.

Dear Sir:—I see in the March number that "Fatty V." would like a formula for nasal catarrh spray. Here is what I use.

R Bi-carbonate Sodii,
Bi-borate Sodii, $\overline{a. a.}$ jv̄ss.
Benzoate Sodii.
Salicylate Sodii, $\overline{a. a.}$ gr. x.
Thymol,
Eucalyptol,
Menthol, $\overline{a. a.}$ grs. v.
Oil Gaultheria, gtt. x.
Alcohol, j̄ss.
Glycerine, jv̄ss.
Aqua Dest. viij pts.

M. Strain through cotton.

Sig. Spray two to three times a day. I sometimes have them to snuff teaspoonful diluted with a teaspoonful warm water where they have no spraying instrument.

May cut this in half if you do not want such a large quantity.

ENURESIS IN CHILDREN.

R Tr. Belladonna (Lloyd's) gtt. x.

Thuja, jʒ.

Oil Mullen, iijʒ.

Oil Wintergreen, gtt. v.

Glycerine, iʒ.

Aqua Dest. q. s. ad. jv.ʒ.

M Sig. Teaspoonful four times a day, last dose as child retires for the night.

This has proven to be a good combination for me.

L. W. FOWLER, M. D.

DISEASES OF THE EYE.

A hand book of Ophthalmic Practice, for students and practitioners. By Kent O. Foltz, M. D., Professor of Ophthalmology, Otology, Rhinology, etc., in the Eclectic Medical Institute.

This is No. 4. Eclectic Manual Chapter first is devoted to the examination of, and chapter two treats of the anatomy and diseases of the eye lids. Ablephoria and other anomalies of the lids are noted, molluscum contagiosum, lupus, chancre, epithelioma, cornu cutaneum, chalusion, etc., are well treated. Many clear wood cuts accompany and add to a clear elucidation of this text.

Lachrymal and conjunctival illustrated anatomy, diseases of those organs and best treatments are well set forth. *Sclerophthalmos*, macrocornea, microcornea, phlyctenular keratitis, hypopyon, kerato-malacia, in fact every phaze of corneal wrong is clearly treated.

A recent case of rupture of the sclera with retrocession of the iris, as described in this book was under the observation and treatment of this reviewer. In bending forward a boy suffered penetration of coats of eye ball by broken weed. The foreign body entered the globe above and behind the

margin of the iris, passing downwards and forwards through the pupillary opening. The case was handled according to the suggestions laid down in this book a recovery from traumatism without pain resulted. Diseases of the iris, ciliary body, choroid, lens, vitreous, optic nerve and diseases of the orbit, are all succinctly considered. Thirty-eight pages are devoted to movements of the eye balls and their anomalies. Thirty-six pages are given to examination of the eyes, while sixty-five pages are taken up in consideration of micro-organisms and to the latest approved operations upon the eye—what instruments to use, etc., etc. The writer makes diseases of the eye one principal branch of his specialty work, and he has no hesitation in declaring Foltz Manual No. 4 a specially fine work. The treatments for the various pathological features are purely Eclectic.

The book is published by Scudder Bros. May also be obtained from the editor American Medical Journal at publisher's list price.

W. L. LEISTER, M. D.

Rogers, Ark.

NATIONAL ECLECTIC MEDICAL ASSOCIATION.

In the preparation we are making for the annual meeting of the Association, which will be held in Indianapolis on the 9th, 10th and 11th of June, we are greatly encouraged by the very prompt replies that have been made in most cases to all our correspondence. The section officers have been especially fortunate in securing a large list of papers from writers whose names are sufficient assurance that the papers will be of the very best quality. The sections of Medicine, Therapeutics, Surgery and Gynecology are especially full already, and yet there will be open to additions until the 10th of April.

We urge upon every member of the Association to be

with us this year and contribute to the program something that will be of practical character.

There are several matters to be brought up which will be of very great interest. The efforts that are being made to consolidate the school are being responded to so cordially by physicians in every state and territory that the report in this particular will be an unusually favorable one. The union of the secretaries of the state societies in this work has been a very fortunate move on the part of the Association and will certainly result in the greatest good; first to the state society which is very important, and second to the Association.

Let there be earnestness, zeal and unanimity this year and we are assured that the National Association will advance more rapidly than in many previous years.

We ask the united co-operation of every member of the Association and every staunch Eclectic. We are endeavoring to secure the addition of two hundred new members to the Association this year.

J. D. McCANN, M. D., President.

FINLEY ELLINGWOOD, M. D., Recording Secretary.

Program of The Twenty-third Annual Meeting of The Arkansas Eclectic Medical Association.

Headquarters at Gleason's Hotel. April 15, 16, 17, 1903.
Little Rock, Arkansas.

OFFICERS, 1902-3.

W. C. Hudson, President, Mulberry; W. O. Tibbles, First Vice-president, Poughkeepsie; P. J. Park, Second Vice-President, Scott; C. E. Pierce, Treasurer, Little Rock; A. J. Widener, Corresponding Secretary, Little Rock; J. L. Vail, Recording Secretary, Little Rock.

ANNOUNCEMENT.

DEAR DOCTOR:

Being assured that the opportunity has arrived for the material advancement of the medical profession in Arkansas, we desire and earnestly request your attendance at this our Twenty-third Annual Session.

The recent passage of a new medical law is greatly to your advantage, and it is well for you to be immediately identified with the State Association. There must be an appointee from your district to serve on the medical board and we need your assistance in the choice of a representative. The section work will be of particular interest and you may render valuable assistance by presenting a paper (your own selection) for discussion. The railroads have agreed on one and one-third fare rates and the hotels will accord you the best attention. Make a special effort to attend this the most important session in the history of the Association.

Fraternally yours,

A. J. WIDENER, M. D.,

J. L. VAIL, M. D.,

Committee.

PROGRAM.

WEDNESDAY, THURSDAY AND FRIDAY.

Call to order, President Hudson. Prayer, Rev. T. Y. Ramsey. Address of welcome, Hon. D. E. Bradshaw. Response, T. J. Daniel. Reading minutes of Twenty-second Session. Applications for membership. Appointment of Committee.

AFTERNOON SESSION—2 P. M.

Report of Board of Censors. Election of New members. President's address.

SECTION WORK.

J. W. Tibbles, Chairman.

MATERIA MEDICA.—Specific Medication, W. L. Leis-

ter. *Dioscorea vil*, J. W. Lewis. *Lobelia Inflata*, J. J. Hinkle. *Gelsemium*, A. Hillman. Botanical Drugs, R. H. Gardner. *Podophyllum*, H. Dacus. Sodium Sulphite, D. U. Hurst. *Baptisia*, J. H. Jones.

PRACTICE.—*Agina Pectoris*, J. M. Clark, Chairman. Typhoid Fever, D. J. Warren. Malarial Hæmaturia, W. M. Allison. Variola, C. W. Watson. Intermittents, G. F. Foster. Dysentery, J. L. Vail. Pneumonia, T. J. Daniel. A Case in Practice, J. E. Mitchell.

OBSTETRICS AND GYNECOLOGY.—Cancer of Uterus, R. L. Browning, Chairman. Puerperal Fever, P. J. Park. Use of Forceps, W. H. Goad. Retained Placenta, C. E. Pierce. Post-partum Hæmorrhage J. C. Morse. Perineorrhaphy, Cyrus Crosby. Trachelorrhaphy, J. E. Underwood. Uterine Fibromata, J. R. Poster.

DISEASES OF WOMEN AND CHILDREN.—Menopause, E. H. Stevenson, Chairman. Dysmenorrhœa, J. B. Curry. Leucorrhœa J. M. Rector. Mastitis, W. D. Dawson. Diphtheria, E. Leming. Cholera Infantum, W. A. Jones. Membranous Croup, J. M. Yancey. Pertussis, B. E. Mitchell.

EYE, EAR NOSE AND THROAT.—Chronic Rhinitis, C. E. Wilburn, Chairman. Mastoid Abscess, W. S. May. Conjunctivitis, W. O. Tibbles. Pharyngitis, A. J. Hansberry. Paper, W. B. Hughes.

SURGERY.—Appendicitis, R. L. Smith, Chairman. Coxalgia, E. M. Rockwood. Fractures, M. E. Howard. Hernia, A. J. Widener. Salpingitis, M. T. Clay. Dislocations, W. M. Rice. Anthrax, J. M. Perrine. Gunshot Wounds, C. W. Corman. Paper, W. E. Green.

Report of Auditing Committee. Report of Treasurer. Report of Secretary. Miscellaneous Business. Election of Officers. Adjournment.

BOARD OF CENSORS.—R. L. Smith, W. S. May, R. L. Browning.

COMMITTEE ON ARRANGEMENTS.—J. M. Park, J. L. Vail, C. E. Pierce.

THE MEDICINE CASE.

BY S. J. SMITH, M. D., UNIVERSITY PLACE, NEB.

In discussing this topic I am aware that no two physicians on the kinds of medicines to fill the case, or their uses, even though they may have studied under the same preceptor, graduated from the same college, after five years experience in the treating of disease, there will be a radical difference of opinion as to the properties of some remedies. No money would tempt my preceptor to prescribe gelsemium and yet it is a remedy that I prize highly. A homeopathic physician once remarked to the writer that he would be satisfied if he knew thoroughly the uses of twenty remedies. It certainly would be very much to know all that could possibly be accomplished by the use of twenty different remedial agents.

I acknowledge that I am partial to Lloyd Bros. Specific Medicines, substitutes will not do "just as well" for me. Aconite, small frequent pulse, skin dry and hot, chilly sensations. Add five to ten drops to four ounces of water and give one teaspoonful of this mixture every hour. The small dose for a child; the larger for an adult.

Agrimonia. Deep seated pain in the region of the kidneys; derangement of the urinary apparatus, renal hematuria. Combine with gelsemium—in lumbago, dose, five to ten drops ever two to four hours.

Ammonium Bromide. Cerebralar nervous affections, sudden jerking or twitching of the muscles, convulsions of children, coughs which come on lasting ten to twenty minutes with inability to stop, may not be renewed for an hour

or for several hours. Dissolve two drams to half an ounce in four ounces of water. Give one teaspoonful every two to three hours. Have the spoon placed in a glass of water after taking each dose, this will prevent its becoming discolored and frightening the patient.

Ammonium Muriaticum. Dull redness of the surface, effaced by pressure slowly returns. Bronchial cough. This is the only remedy that I have found of any benefit as a gargle in tonsillitis. A saturated solution used as hot as can be borne. A saturated solution is the best thing to use in rhus poisoning; apply freely. One to three drams in four ounces of water, and give one teaspoonful every two to three hours.

Apis. Sharp stinging, burning pain in urinating or in retention. Useful in retention of the new born; puffiness of the upper eyelids. Five to ten drops in four ounces of water. One teaspoonful every hour.

Apocynum. Odema of the cellular tissue, swelling of the eye lids (lower); a shining glistening appearance of the skin, dropsical effusions. In swelling of the feet and legs from weak heart—combine with convallaria, if this fails, add crataegus. Ten to twenty drops in four ounces of water. Give one teaspoonful every hour.

Apomorphine. An emergency remedy used hypodermically when quick action is desired, to empty the stomach in poisoning and to quiet hysterical spasms. It takes a little longer for it to act by the mouth. Dose for small child, one-thirtieth (1-30) grain up to one-twelfth (1-12); adult, dose, from one-tenth (1-10) to one-sixth (1-6).

Asclepias. Dry contracted skin and elevated temperature, pleurisy, bronchial irritation, neuralgic pains in the lungs. One to two drams in four ounces of water. Take one teaspoonful every hour.

Asepsin. May be added to watery solutions of medicines to prevent deterioration in warm weather.

A valuable antiseptic. See my monograph on it. Used by injection, dissolved in water, after lobar where through negligence there is a foetid odor, will quickly deodorize it. It has a restraining influence over hemorrhages of cervical epithelioma.

Belladonna. Dullness, stupor, dilated pupils, dusky flushed face, disposition to sleep, coma. Add five to twenty drops to four ounces of water and administer one teaspoonful of this solution every hour.

Bismuth Subnitrate or Subcarbonate Gastro-intestinal irritation, diarrhea, vomiting, tongue reddened and papillæ prominent. Dose, two to ten grains every two to four hours.

Bryonia. Sharp lancinating pains, headache extending from forehead to occiput right side, right cheek flushed, pleuritis, neuralgic pain, all diseases of the serous membranes. Pains aggravated by motion.

Cactus. Feeble irregular pulse usually increased in pregnancy, unpleasant sensations in the region of the heart and fear of impending danger. Weak heart of the aged. Cactus half to one dram, water four ounces. One teaspoonful every two to four hours.

Calcium Iodide—Dark Iodide of Calcium. This is THE remedy for "croup." Add twelve grains to four ounces of water and give one teaspoonful every ten to fifteen minutes, or give one-third of a grain in hot water until relieved, then not so often, and add whatever other medicines seem to be called for in the case. Removes effusions of pleurisy, fibroids of the womb, in loss of voice from cold, give one grain every hour for a few doses; is claimed to bring relief.

Cantharis. Stimulant to urinary organs. Give one-half drop four times a day to women when every time they cough a drop of urine escapes. Also to men who the minute they experience a desire to urinate a few drops of urine will escape involuntarily. In acute cystitis, cantharis, aco-

uite, each five drops, water four ounces. Teaspoonful every hour alternately with apis eight drops, water four ounces, one teaspoonful every hour, also enemata of hot water twice a day.

Chloroform. Anaesthetic in labor. To remove pain pour a few drops in the palm of the hand and hold onto the painful spot. Applied in this manner over the stomach and bowels it checks vomiting when internal remedies fail to stay down.

Cinnamon. The oil cut with alcohol, used singly or combined with oil of erigeron used to restrain hemorrhages from any source.

Colchicum. Sharp shooting, tearing or dull aching pain extending from the back to the hips and down the leg, painful urination, orchitis and epididymitis.

Convalaria. Pain and oppression in the region of the heart, excited action of the heart. I have used this successfully in heart lesions where the legs and feet bloated badly and digitalis failed to produce good results.

Dioscorea. Colic with sharp cutting pains, pain in the abdomen relieved by pressure. Half a dram in hot water every fifteen minutes to half hour.

Echinacea. Deep purplish or bluish coloration of the skin or mucous membrane, with a dirty brown tongue, or a black stripe in the center. Tongue coated black, putrescent odor, sore throat, scarletina, typhoid fever, cerebro-spinal, fever, boils, carbuncles, poisoned wounds produced by dogs, snakes, etc. Keep the wound wet with equal parts of echinacea and water. Internally, ten drops to one dram every one to three hours.

Ergot. Headaches confined to the base of the brain. Dose, ten drops to one dram, water four ounces, one teaspoonful every one to three hours. Give to children who have had a fall producing "brain shock." In the first stages of pneumonia and cerebral hemorrhages. Dose, half a dram

to one dram gived in water. It may be given just at the close of the second stage of labor to cause contraction, if there is good reason to fear hemorrhage.

Emetic Compound. Comp. Pow. Lobelia and Capsicum. As an emetic when there is a heavily loaded tongue at the base with evidences of accumulation in the stomach. Locally to the chest on larded cloth in pneumonia and bronchitis, especially of children.

Euphrasia. Acute coryza in first stages. I have taken a full half dram of the specific medicine on retiring to break up a forming cold in the head and arose free from it the next morning.

Gelsemium. Determination of blood to the head (acute mania) bright eyes, contracted pupils, flushed face, elevated temperature, restlessness and indisposition to sleep, suppression of the menses from cold, combined with pulsatilla to relax the os uteri when rigid, thin and sharp. Puerperal convulsions. Dose, ten to thirty drops in four ounces of water and give one teaspoonful every one to two hours.

Glonoïn. The most prompt and powerful heart stimulant known. I have carried it for years and am certain that I have saved several lives with it. Dose, one minim of the one per cent. solution.

Ipecac. Gastro-intestinal irritation, elongated and pointed tongue with reddened tip and edges. Small doses frequently repeated will relieve nausea and vomiting, when the tongue has reddened, tip and edges with white or yellowish coating in the center. Coughs due to bronchial irritation accompanied with a dry, tickling sensation. Add five to ten drops to four ounces of water, give a teaspoonful every one to two hours.

Jaborandi. Dry heat of skin, mouth dry and parched, pulse full strong, kidneys not doing their work well. Be careful in giving when the heart is feeble. Early stages of pleuritis and pneumonia, acute articular rheumatism, with swollen and painful joints.

Lobelia. Feeling of fullness and oppression in the region of the heart, difficult respiration and labored heart action, the bronchial tubes are filled with "phlegm," and in children we can both feel and hear the rattling. In spasmodic asthma give in large doses. *Aquina pectoris* give ten to twenty drops at one dose. In rigid os uteri or perineum, give one to three drops every fifteen minutes until nausea results, then lengthen the intervals and lessen the dose.

Magnesia Sulphas. One dram, aconite ten drops, water four ounces. Give one teaspoonful every hour in dysentery. After confinement if the bowels do not move within twenty-four hours I order tablespoonful of salts to four tablespoons of water and direct one tablespoonful of this solution every hour until the bowels act.

Macrotis. Muscular pain and aching, both local and general, aching as though overworked or overstrained or as if too short, drawing pain, uterine pain with tenderness, false labor pain. Dr. Mundy says: "in lumbago given in combination with specific hydrangea and acetate of potash it cannot be excelled." Ten drops to one dram in four ounces of water and give one teaspoonful every one to four hours.

Nux Vomica. Fullness of stomach and bowels, paroxysmal abdominal pain around or pointing at the umbilicus, colic of indigestion, paroxysmal pain in the right hypochondrium shooting to the right shoulder, atonic condition of the digestive organs. For heart-burn, combine with bismuth.

Passiflora. Insomnia, nervous excitement, anti-spasmodic. It is claimed to relieve dysmenorrhea in teaspoonful doses every hour, also neuralgia of the fifth nerve. Dose, from twenty drops to one teaspoonful.

Podophyllin. Fullness of tissue, of face, abdomen, full veins, dizziness, portal engorgement, pain in the ulnar nerve.

Potassium Acetate. Renal depurant.

Potassium Bichromate. Styingx expectoration, "croup," "sore throat," hoarseness of public speakers, "stopped-up" condition, bronchitis with difficult breathing, "grunts."

Potassium Chlorate. Offensive lochial discharge. Four to six ounces of a saturated solution—frequently administer to antidote poisoning with paris green.

Pulsatilla. Nervous females and children, gloomy forebodings, frequently moved to tears without being able to assign any reason, combined with passiflora it works wonders in these cases. Neuralgia, testis, dragging pain in the testicle. Twenty drops to a dram to four ounces of water, one teaspoonful every hour to four times a day. Styes, unpleasant sensations in the urethra following gonorrhœa.

Quinine. Periodicity. I frequently rub ten grains with a tablespoonful of lard and order same rubbed over the abdomen of sick feverish children, and covered with a hot flannel, applying it twice a day.

Rhus Tox. sharp frontal headache, especially in the left orbital region, sharp pointed tongue, with raised papillæ, burnig pain, crylucephaliquis, nervous excitement of children which causes them to start up from sleep and cry out in a terrified manner. Drops five to ten in four ounces of water, teaspoonful every hour.

A number of years since I was called to an adjoining town to see a baby less than a week old, mother attended by a physician in their own town. I was informed that the infant had not slept since its birth. I prescribed rhus and the baby rested well that night and had no further trouble in that line.

Sanguinarina Nitrite. Lung and bronchial affections, tickling or irritation of the throat with cough, patient nervous, restless, acrid irritating discharges from the nose, sense of constriction in the chest, cough dry and irritating. Dose, one-half to one grain, water four ounces, of this give one teaspoonful every hour.

Santonine. This is the remedy for worms, may be used in retention of urine. Dose, one-fourth to one-half a grain three times a day on an empty stomach.

Sodium Bromidum. I prefer this to the potash salt as being less depressing; at the present time the strontium salt is being extolled. Strong vigorous circulation, nervous excitement and restlessness, convulsive movements and convulsions.

Sodium Sulphite. Broad, palid, dirty tongue, coated white. Thrush and some cases of tonsillitis will show these indications. Dose, from five to twenty grains.

Sticta Pulmonasia. Cough with pain in the shoulders extending to the occiput, dull pain in the chest, increased by full inspiration; pain in and between the shoulders. *Cough worse at night.* Ten drops to a dram in four ounces of water; one teaspoonful every hour.

Veratrum. Pulse full and bounding or full hard pulse, deep red stripe through the center of the tongue. Pneumonia, pleurisy, peritonitis, erysipelas. Ten drops to half a teaspoonful in four ounces of water; one teaspoonful every half to one hour. In a disease like pneumonia in the early stages, pulse 120 or higher, it should be given boldly until you get the effect, by the pulse coming down to nearly normal, then not use so freely. As the pulse decreases you will find the temperature coming down.

Viburnum. Sensation of bearing down in the pelvis, aggravated by being on the feet. Threatened abortion. Ten drops to one dram, water four ounces; give one teaspoonful every hour. Ten drops three times a day for cramps in the legs.

Zinc Sulpho Carbolate. Intestinal antiseptic. I rely on this in typhoid fever, giving two and a half grains every two hours. In cases of constipation of an obstinate character the sulph carbolate of lime should be substituted. Val-

•

uable in diarrheas. It is harmless, Dr. Waugh having given as high as eighty grains in twenty-four hours.

TREATMENT OF AMENORRHŒA.

The successful treatment of amenorrhœa has taxed the utmost skill of our most prominent physicians in time past, and still at the present day baffles a great many.

I feel that I have been quite successful in treating this character of diseases and probably my experience may be appreciated by some of my brothers and sisters in the profession who have a stubborn case.

In all cases exercise in fresh air, bathing and proper diet, according to individual case, is recommended. If my patient is nervous and troubled with insomnia, a bath, cold or tepid, shower or sponge, with a thorough stimulation of the skin with a turkish towel, by attendant just before retiring is insisted upon; constitutional remedies, whatever is indicated in each particular case. For instance, if patient is anæmic, iron in some form readily assimilable. Strychnia if stimulation is needed. In chlorosis, iron and arsenic. Malarial tendency, quinine tonics. Tubercular oleo morhuæ, beechwood creosote, iron. If scrofulitic, vegetable alteratives, potassium iodidum, etc. etc. Constipation must be attended to in all cases.

I prescribe the above treatment for say a month before beginning my mechanical part of the treatment. Just six days prior to expected time for menstrual period, I gently, not forcibly, dilate the uterus after thorough cleansing of the parts. Three days later I dilate again and it is very rare where it is necessary to dilate third time in succession at one menstrual period. My idea of dilating is to stimulate the flow of blood to the uterus. The mechanical part of the treatment is kept up for three successive months to establish

•

the habit of menstruating regularly. Tonics or constitutional remedies kept up as long as necessary. Of course the mechanical part of the treatment is only indicated where we find an anæmic or undeveloped uterus (and they nearly all are.) If a metritis or ovaritis exists, demands different treatment. In retroversion or anti-retroflexions with co-existing amenorrhea without metritis the dilations are beneficial with proper treatment for this particular branch of gynæcology.

THE THEORY OF LA GRIPPE, AND THE EXHAUSTION FOLLOWING THE SAME.

BY JOSEPH E. HARRIS, M. D.

The treatment of la grippe may be divided, for convenience, into three stages: Prophylaxis, treatment of the disease in its active stages, and last but not least important, the building up of the patient after the malady has passed.

To the first I think too little attention is given. Patients often needlessly expose themselves, fail to wear flannels, shoes with thick soles, or sufficient clothing, and then they wonder why they are sick. I believe the laity should be carefully instructed by the profession in this regard. The treatment of the disease resolves itself into a question of elimination, antipyrexia, and the combating of collapse, with secondary treatment of the symptoms that may arise.

I am in the habit of giving an initial dose of *ol. ricini* (℥ij.) I prefer it to any other cathartic, and it never leaves any bad effects. Although much has been said lately to the contrary, I am an advocate of quinine in its early stages. An initial dose of ten grains, with five grains of Dover's powder, and a hot sling; all these, taken just at bedtime, having been preceded by a hot bath. Many cases will be aborted by this treatment. The severe headache, backache and gen-

eral soreness is best combated with the coal tar products and analgesics; a combination of aspirin, gr. v, acetanilid, gr. j, and sodium and potassium bromide, a.a. gr. xj, repeated every hour, has given me very good results, with no bad heart effects. Many of the severe cases resolve themselves early into a question of heart support and an allaying of the extreme nervousness. For the former we have many stimulants to choose from. One, however, that I believe is popular, does not, in my opinion, deserve popularity in this class of cases. This is digitalis. Much better results are to be obtained from strychnine or camphor. The nervous symptoms yield most readily to hydrotherapy. A hot sponge, or better, a hot bath often accomplishes wonders in allaying an excitable nervous condition.

The question of antipyrexia may be viewed from two standpoints; the drug antipyretic and hydro-antipyretic. The latter, in my opinion, is by far the better way. Cold sponges, tubbing and packs may be used, and I have had good success with the application of ice bags in the axillæ and over the femorals. Often when a cold sponge fails to lower the temperature, a hot one will, and it may also be more acceptable to patient. The treatment of the conditions of exhaustion and malnutrition, following the malady, presents as many aspects as the treatment of the disease itself. Of the host of tonics on the market, cod-liver oil is, in my mind, the best. To many patients, however, the taste is very disagreeable, and the stomach rebels after one or two doses. To obviate this, I have lately been using cordial of cod-liver oil compound (Hagee) with most gratifying results; it takes the place of the raw oil completely, with none of its bad effects. The use of the cordial in conjunction with iron, and the bitter tonics, has given me the best satisfaction. Out of door life, breathing, gymnastics, and, possibly, a change of climate, are all indicated.

Fort Steilacoom, Wash.

SOCIETY NOTES.

EDITED BY H. H. HELBING, M. D.

We are in receipt of a communication from Dr. C. Palmer, chairman of the committee of arrangements, who states that he has selected the following to serve with him on that committee: Dr. O. A. Johnson and Theo. Doyle, of Kansas City; Dr. E. A. Mendell, St. Joseph, and Dr. M. D. L. Isley, Excelsior Springs. The Midland has been secured for our headquarters during the society meeting, May 20th 21st next. We will be granted special rates, and knowing the place can assure you we will be well taken care of. We hope you are preparing to take a couple days relaxation. Make a supreme effort to be with us on above date. Chairmen and secretaries of sections as well as any others who write papers will please send the titles to me, that I may have our program printed.

—We are in receipt of a letter from Dr. E. B. Packer, Osage City, Kansas, who is secretary of the Kansas state society. We are indebted to him for the program of their state meeting to be held at Topeka, May 21st and 22d next. Judging from the program they are to have a lively session. We wrote some Kansas Eclectics and proposed that they meet at Kansas City so we could have a joint meeting of Kansas and Missouri, May 21st, but our proposition came too late. Kansas suggest 1904 for such meeting but inasmuch as Missouri will meet at St. Louis next year presume it would be impracticable. However such an arrangement should be consummated as soon as possible. We extend a cordial invitation to Kansas to visit us on the 20th, and warm up preparatory to your own meeting.

The American Medical Journal.

MONT. M. HAMLIN, M. D. Editor and Proprietor.

Contributions, Books for Review, Exchanges and other communications should be addressed to The American Medical Journal, 2900 Lawton Avenue, St. Louis, Mo.

\$1.00 A YEAR IN ADVANCE.

SINGLE COPY, 10 CENTS.

EDITORIAL.

MEDICAL LEGISLATION IN MISSOURI.

The 42nd general assembly of Missouri has adjourned, leaving the medical laws of the State practically the same as before its sitting. There were several bills introduced 'tis true, but they all failed of passage.

The State Board of Health offered some amendments to the existing laws governing county boards, but the Legislators did not think the laws needed amendment.

A bill known as the Jewel bill sought to have diplomas recognized without examination of the candidate for registration. This failed, too. Several minor bills amendatory to the existing law also failed of passage.

The so-called Equal Rights League of St. Louis had introduced a bill (House Bill No. 411) which sought to create four different examining boards, each board to be composed of five members, to be known as the Allopathic Board, the Homeopathic Board, the Eclectic Board and the Osteopathic Board. It also sought to restrict the Governor in making the appointments to a list of ten members, furnished him by the State Associations of the different schools of practice; and also as to the time of his making those appointments to the first of February next after his inauguration.

It was to further the interest of this last named bill that

The only change being a provision by which students who matriculated prior to March 12, 1901, in this state, may register upon a diploma from a school located in this state without examination. The fee for said registration being the same as for examination, \$15.00.

caused J. C. Huntley, M. D., to take up his abode in Jefferson City this winter, notwithstanding the fact that we publicly and emphatically at an open meeting of the League informed him and the other three members of the League that "there is not the ghost of a show for this bill to pass; to root for it is to waste valuable time and effort, and a whole lot of money." This statement was made by us on the evening of January 23d, 1903, and before the bill had been introduced. There was something said at this same meeting, by the daddy of the thing, the League, we mean, about a "nigger in the woodpile," etc. Well, this "nigger" must be a prophet or he must have more "influence" with the Legislature than the whole League, judging from results. This bill also failed of passage by an overwhelming vote. We suggest that if any one of the "boys" is more expert at "high five" than is Huntley that he be sent to the next Legislature from the League district. One who was present says the trouble with Huntley was he talked too loud and let the other fellows see his "hand."

It is proclaimed far and wide that "our member of the State Board" fought "our bill." Well, now this is certainly a serious charge to bring against an Eclectic. One of the fundamental doctrines of Eclecticism is to do as you please and specific medication is a cardinal doctrine of almost all eclectics, and as we viewed the situation the indications for an eliminative stood out prominently, and as is our usual custom in all grave maladies we proceeded to administer the indicated remedy. It worked like magic.

But why did we oppose the bill?

In the first place we regarded it an extremely vicious piece of legislation, detrimental to our school and hence we opposed it. Secondly, we were not solicited to work for it, though we had offered to give it both moral and monetary support. Hence we opposed it. Thirdly, it was our privilege to oppose it or any other legislation that is calculated to lower the standard of Eclecticism. Hence we opposed it.

We warned the young men who got up this bill that it was a poor job and that it could not and would not pass and begged them to desist even before it was introduced, but they bid defiance to our kind but earnest pleadings and now, after it has failed one of them says, "we have learned a few things." Because one man votes the Democratic ticket is no reason why he should want to lick his neighbor because he exercises his privilege and votes the Republican ticket.

In opposing this bill we wrote two letters only; one to Representative Smith of Franklin county and one to Representative Denny of St. Louis county. How many hundred letters did the friends of the bill send out urging its passage? How many did they send urging financial aid? This they had a perfect right to do and we don't offer a single criticism; if they sincerely thought the bill to be a necessity then they did just right and just what we would have done had we thought that way about it, but we did not so think and we simply acted as we thought proper in the premises.

For awhile the friends of the bill were so sure of it becoming a law that they got their heads together and agreed upon their eclectic (?) board, so we have been told, and here is the roster: Tremain, Smith, Huntley, Stephens and ——. The fifth name we failed to get but we have a guess coming as to who this name should be. We have a letter from Jefferson City from which we glean the valuable information relative to some of the above names being on the list and the others we got straight from a member of the tribe of Ben Hur.

We have now had our say—we've said our piece, and we feel much better for it. And with malice toward none and with charity for all, this closes our part of the discussion. We regret the necessity for referring to this matter at all. We have endeavored to be truthful and fair in our every statement. Now let us buckle down to business for the good of our cherished school of medicine, Eclecticism.

A BTEP FORWARD.

EDITOR HAMLIN.—Dear Sir. I was much amused as well as pleased in reading your editorial of March issue, "A Step Backward." I endorse every word you said. "While we have had our struggles in gaining position we at this juncture have no reason to complain. So far as I am able to see our State Board is doing the fair thing. Our graduates are not subjected to hardships more than any others. It is true that all graduates of whatever school of practice must undergo a State Board examination in Missouri, as well as in many other states, which in my opinion is not an injustice under existing circumstances. So long as this examination is of a practical character and not sectional, I can not see a good reason to oppose it. Had we some laws governing medical colleges and some methods of compelling them to a uniform curriculum of study—a certain length of time in study and certain branches, there would be no need of State Board examinations, but it is well known that even in our own state loose methods and rottenness still exist in some medical methods and hence State Board examinations are a necessity and the well educated have no reason to fear."

The American Medical College has always maintained that it could stand up to any standard of education that others were capable of complying with, and it has always plead for the higher standard. This college I believe has thus far been so regarded and so honored.

The writer of this article has been the clinical professor of surgery at the City Hospital for over twenty-five years and he can say that as a rule we have been treated with respect and had equal chances in operating upon important cases.

Recently I resigned this position, as well as my deanship in the college, simply because I desired that others should take up the work. I felt that I had worked pretty hard and made sacrifice of time and means long enough.

however by earnest solicitation I still lecture at the college and perhaps with the usual interest, vim and shortcomings. In it all, I have aimed to keep up with the progressive march of surgery and run alongside of the bandwagon. Because of my relinquishment my resignation has been interpreted as evidence of superannuation. Some want my shoes, some my plug hat, some my mantle and some are after my scalp, all of which are to be relinquished sooner or later; we know not the day nor the hour. Before however, any of these shall be bequeathed by will, right or title, it is my earnest desire to have some evidences of honor and ability to prosecute the work successfully. Yes; I object to being killed before I am dead and no one well qualified need commit murder to get my pants.

The facts are, I believe we have more reason to fear our own destruction than allopathic annihilation. A disposition to go it alone, without due consideration, consultation and uniform method; stooping to little things for self exaltation, attempts to justify our own weakness rather than to strengthen the chains, will do more to defeat the purposes of Eclecticism than our foes on the outside.

He who attempts such things will surely come to grief.

Had the Equal Rights League succeeded in its legislative attempts it would have been but "A Step Backward." This concern not true to name, was conceived in sin and brought forth in iniquity. It was a four-headed monster swung by the tail by a few imported runts who had no desire to consult older heads, and who had for their object self support and self-aggrandisement.

It is in my opinion very defective, both in spirit and object. It is humiliating to some of us to have our own men separate the sheep from the goats and put us on the side of the goats—with Osteopaths, Faith Healers, Christian Scientists and all the other quacks.

No equal rights in that. No equal rights in inviting to

free discussion, then sit down on the man who begs leave to differ with them in their methods. This is what they have done.

The impression has gone forth that this four-headed beast has emanated from the American, and it may seem a little strange to some that you, as Dean were not consulted, and knew nothing of its existence until you was approached by a member of the state legislature. The League had perhaps discovered your sentiment, as it had mine in a previous enterprise, in which I was informed that "*we* are going to ride over all opposition." Such is its sentiment. "Unanimity is wanted but you must come our way; without this you can have no rights." The devil take such equality and cursed be such leagues. Let them touch you and the contamination will send you to the demnition-bow-wows.—YOUNKIN.

PERSONAL MALICE, JEALOUSY, AND AMBITION:

"'Bianchion,' said Surgeon Despleins, 'if you have seen me sometimes hard and bitter, it was that I may have been thinking of the obstacles that hate and envy any jealousy and calumny have raised between me and success. At paris, as soon as certain people see you ready to put your foot in the stirrup, some of them catch you by your coat-tail; others loose the buckle of the girth, so that you will fall and break your head; another takes the shoes off your horse; another steals your whip, the least treacherous is the one you can see coming up to shoot you, with the muzzle of his pistol close to you. You have enough talent, my young friend, to know very soon the horrible, incessant warfare that mediocrity wages against a man of greater power. If you lose twenty-five louis one evening, the next morning you will be accused of being a gambler, and your best friends will say that the night before you lost twenty-five thousand francs. If your head is bad, you will pass for a lunatic. If you

feel irritable, you will be unbearable. In short, your good qualities will become faults, your faults will become vices, and your vices will be crimes. Stumble, and you will have fallen. Invent whatever you will, claim your just rights, you will be a sharp man, a man difficult to deal with, a man who won't let young men get on. So you see, my friend, if I do not believe in God, much less do I believe in man. You recognize in me, don't you, an entirely different Despleins from the Despleins whom every one abuses? But don't let us stir up the mud!"

—BALZAC.

A splendid suggestion, and one that we heartily endorse, is made by our former associate editor, Dr. W. L. Leister, of Rogers, Arkansas, relative to the manner of conducting our state societies. He thinks that instead of so many "papers" we should have a certain number of men appointed to conduct a quiz on some particular subject—say anatomy or physiology or surgery, taking the entire society as his class. That he be allowed a specified time for his work—this to be followed by some one else upon another topic and so on, with an occasional paper on some subject of general interest.

Our annual meetings would thus become an institute—a review school—and would be the means of causing a rehearsal of text books, a thing much to be desired. The conductor of each quiz should announce several weeks before the time of meeting, the subjects to be covered so that all could prepare for the quiz.

Its a capital idea; we should like to see it adopted by our societies.

The American Medical College has had an exceptionally good class this year, and the graduating class will number eighteen—more or less—of as bright young M. D.'s as the old American has ever had the pleasure of sending out.

The commencement exercises will take place April 21, 8 p. m., at the Association Hall, Y. M. C. A. Building, corner of Grand and Franklin Avenues. All friends of the college and class are cordially invited to attend this meeting.

No flowers. We are promised a rare treat by the committee on entertainment. The very best music is promised.

Dr. F. M. Nufer is located on O'Fallon, near 18th street, and is doing a splendid business, as he deserves to do. The Journal certainly wishes the Dr. well, and the only suggestion we have to offer is that Fred needs a wife and his success will be assured. We know several other old bachelor doctors that might profit by this suggestion.

Dr. J. W. Love, of Walker, Mo., is one of the leading eclectics of the state. The Dr. was in the city not long since and of course, like the good eclectic that he is, dropped in to cheer ye editor by making a deposit of ye filthy lucre.

We call especial attention to Dr. Smith's "Medicine Case" as found in this issue. Doctor, suppose you give us your medicine case, giving a reason for each remedy—why you carry it—the special indications for each remedy. This will constitute a splendid restudy of our specific medication. We should be pleased to hear from you, doctor.

In this number will be found the notice of time and place of meeting of the Eclectic Medical Society of Missouri. Secretary Helbing urges eclectics of the state to send in the title of papers to be read at this meeting. We hope the brethren throughout the state will answer to the call of the Secretary and act promptly that a long list of valuable papers will be contributed to this meeting. Our motto is and has ever been: "Missouri Eclectics to the front." Let us all heed the call of our officers and make this a banner year for our State Society.

We are gratified to announce that never before in the history of the Journal has there been so many renewals at this time of the year; and then too, quite a number of new subscribers have been put on our list for 1903. This is certainly gratifying and encouraging. We shall put forth our best efforts to make the Journal even more valuable than heretofore, seeing that our efforts are appreciated. Brethren, if you know an eclectic anywhere who is not now a subscriber to this Journal, will you not kindly send us his name and address on a postal card that we may sample him. This small favor will be greatly appreciated by the editor.

On March 24th while Professor Younkin was demonstrating operative surgery to the students at the American, he laid off his Prince Albert coat for his operative gown and hung it in the private room of the college. When he finished his lecture he discovered that a thief had entered and appropriated his coat. This fellow must have been in league with the Devil.

THE HOPETOWN HARBINGER.

BY G. M. L. BROWN.

I.—THE EDITORIAL SQUABBLE.

Extract from an editorial in the Hopetown Harbinger, Wilfrid Stoddard Watson, editor and proprietor; Vol. I, No. 1, May 2, 1899:—

“On the preceding page of the Harbinger we have attempted the usual salutatory formalities; it remains for us now to add a word of personal gratitude for the magnificent reception that has been accorded us. We anticipated a measure of encouragement; we had been informed of Hopetown's approval of the journalistic venture about to be made; but little did we expect such an overwhelming expression of the community's good wishes as greeted us upon our arrival in your town. May we be pardoned if we interpret this

flattering welcome as meaning that Hopetown needs us—that she hails us as a harbinger of prosperity? To us, we are told, she looks for a live, progressive paper; one quick to uphold the people's rights; keen on reform; in league with neither political party nor bound the interests of a privileged few, not conducted by a Rip Van Winkle—in short, and up-to-date, independent journal. Earnestly desirous of fulfilling these expectation—nay, of surpassing them—may we choose as a watchword for editor and readers alike those words pregnant with inspiration:—

“Standing on what too long we bore
With shoulders bent and downcast eyes,
We may discern, unseen before,
A path to higher destinies.”

Extract from an editorial in the Hopetown Gazette, John Kean, editor and proprietor (the Rip Van Winkle above referred to); Vol. XXXIX, No. 38, May 3, 1899:—

“In reviewing the events, important and trivial, of the past week, our local editor has omitted to record the appearance of a new publication which is to be inflicted weekly on our unoffending townsmen, and styles itself the Hopetown Harbinger. The press-work and general get-up of this new sheet are all that could be expected of untried apprentices—in this respect a fair gauge of the contents. The latter we might describe as being both exceptionally uniform and uniformly exceptionable. We may instance the editorial column, in which, we presume, the harbengineering is to be done. This contains the first installment of youthful bombast; as flagrant an example of egotism as we ever remember to have seen. The language, also, is as singular and affected as is the citified garb of the imported editorette—certainly far below the standard of the average schoolboy's essay. If quotations from Longfellow be in order we may excerpt:—

“A fearless rider on his father's knee;
An eager listener unto stories told.
* * * * *

Build on and make thy castles high and fair,
Rising and reaching upward to the skies.”

Extract from an editorial in the Wheatville Spectator. James Jackson, editor and proprietor; Vol. X, No. 18, May 4, 1899:—

"Some diversion has been caused in Hopetown the past two days by the advent of a new Weekly (Cap W, please—Notice our charitable spelling); a sheet of fair appearance but rather unpromising contents, unless the literal promises of one who poses as editor can be said to count. This bump-tious personage, whose knowledge of journalism was acquired during his connection with the 4x6 inch quarterly issued by Dollard College, has begun with a fling at the Gazette, and would have been merely laughed at for his impertinence, had our venerable contemporary chosen to remain silent. Friend Kean, however, has chosen otherwise, and was last seen hurrying down the war path with an alacrity which certain refutes the newcomer's unkind imputation. Our advice to Master Wilfrid Stoddard Watson to get into the nearest tree—likewise to be more careful, in future, where he heaves rocks."

Extract from the editorial column of the Hopetown Harbinger, May 9, 1899:—

"When we state that the first number of the Harbinger was received with the kindest consideration by the citizens of Hopetown and vicinity; when we venture the assertion that its columns were read with avidity by people of all creeds and walks in life; when we express the conviction that the paper has sprung into instant, and not unmerited, favor, we shall have to admit, in fairness, that two persons saw fit to destroy the unanimity of this flattering reception. Needless to mention who these critics are. Jealously, and a well-grounded alarm for their circulation, seem to be the underlying motives and are equally apparent in their effusions: Insanely optimistic should we deserve to be regarded were we to expect a kindly greeting, or even an honest tribute, from such a quarter, and—

" 'Surely after all
The noblest answer unto such
Is perfect stillness when they brawl.' "

Extract from editorial column of the Hopetown Gazette, May 10, 1899:—

“The reform journal (sic) with its beardless Quixote, is now under full swing, and we pause to gaze about us. What evils, may we inquire, are being denounced? What object shall we style the windmill; what the rushing waterfall? Where is the roaring lion or the flock of sheep? Surely our young friend has not settled upon two inoffensive editors as the only foes worthy of his steel! We must apologize to our readers for giving space to such trivialities, but the blare of trumpets was so loud—and recent—that astonishment at the ludicrous lull in proceedings has quite possessed us. If Tennyson is now in order, may we be allowed to quote:—

“ ‘ * * Knowledge comes but wisdom lingers,
And he bears a laden breast full of sad experience.’ ”

Extract from editorial column of the Wheatville Spectator, May 11th, 1899:—

“The cyclone that struck Hopetown last week in the form of a graduate editor in full panoply seems to have spent itself in an amazingly brief space of time. About the only place actually damaged was the Gazette office, where, judging by the irate mood of our veteran contemporary, the whirlwind must be responsible for a pied column of type or something equally serious. Meanwhile the new editor is favoring us with third-rate essays, which, we would respectfully suggest, should be sent to the Wheatville Academy for a good overhauling. If that be impracticable, the Spectator might arrange to lend the services of its devil for a few weeks, or until the Harbinger's sanctum chair can be suitably filled.”

Extract from editorial column of the Hopetown Harbinger, May 16, 1899:—

“The increasing popularity of the Harbinger is indicated by the growing violence of the attacks of the self-styled journalists in this and the neighboring town. We say ‘self-styled’ advisedly, for we question if the name of a dignified profession can be promiscuously appropriated by narrow-

minded, untravelled rustics, who, trembling at the appearance of a formidable rival in their petty field, dip their goose-quills in venom and try to belittle his acknowledged achievements. We might quote for the consideration of this unhappy twain:—

“ ‘It’s wiser being good than bad,
It’s safer being meek than fierce,
It’s fitter being sane than mad.’ ”

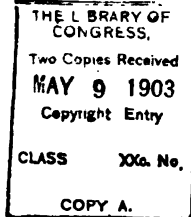
Extract from editorial column of the Hopetown Gazette, May 17, 1899:—

“ ‘Their petty field!’ Observe kind reader, the young jackanapes who two weeks ago was proud to inform the world of Hopetown’s resources now styles the town a ‘petty field.’ How quickly hath the ocean become a puddle; how speedily hath the tadpole entered froghood’s estate! Also note how the upstart pedant dips into Browning though we are prepared to bet our cylinder press against a jack-knife that he never saw the inside of the volume before. And while we have in our mind a quotation most befitting from the same poet, reverence for the Muse compels us to forego the sacrilege, and reply to his ill-chosen stanzas with:—

“ ‘Humpty-Dumpty sat on a wall,
Humpty-Dumpty had a great fall.’ ”

Extract from editorial column of the Wheatville Spectator, May 18, 1899:—

“ ‘The young reformer up Hopetown way, who has, as yet, failed to reform anything—even his own bad English—is getting rattled. He describes the town, which two weeks ago we were led to believe was soon to blossom under his gratuitous attentions into a prosperous city, as a ‘petty field.’ Poor boy! When we suffered in our youth from swelled head we were at least cognizant of the nature and danger of our complaint. That Mister Wilfrid Stoddard Watson is the most serious case ever known in this county is the general verdict—that he pulled through like a man may yet, let us hope, be placed to his credit.’ ”—[The Criterion.



THE AMERICAN MEDICAL JOURNAL.

VOL. XXXI.

MAY, 1903.

No. 5.

ORIGINAL COMMUNICATIONS.

GONORRHŒA.

BY S. J. SMITH, M. D., UNIVERSITY PLACE, NEB.

Gonorrhœa was recognized as a disease before the days of Hippocrates.

Gonorrhœa in the male is an acute specific infection of the urethra. In nearly all cases it arises from direct application of gonorrhœal pus during sexual intercourse. It is commonly known as the clap, and is one of the most dangerous, filthy and loathsome diseases with which the human race is afflicted. Gonorrhœa is a virulent, contagious, muco-purulent inflammation, caused by a specific germ, the gonococcus, affecting the mucous membranes. It is chiefly seen in the generative organs, being usually met with in the male urethra, the vulvo-vaginal canal, the lining membrane of the prepuce, the uterus and the female urethra, the latter being less often involved. It also occurs in the conjunctiva, occasionally in the rectum, more rarely in the nose or mouth. The most frequent cause is unquestionably direct infection with the gonococcus by coming in contact with the muco-pus, derived from a person affected with the disease.

In from two to five days after exposure there will be felt a tickling sensation in the anterior portion of the urethra, there is a slight soreness, then a slight discharge shows itself at the meatus. Then follow the characteristic signs of ure-

thritus, redness, heat, swelling, pouting of the meatus, pain, tenderness and soreness, extending from the meatus backward. The discharge from the urethra becomes profuse. Micturition becomes very painful and frequent; the urine seeming to scald and burn. "Owing to the tenacious sequels of gonorrhoeal infection, and the metastasis resulting therefrom, it is the opinion of many physicians, that when one once has the disease, it is never entirely eradicated, and that it is attended with greater fatality than syphilis. Prostatic expressions have shown gonococci to be present in the fluid thus forced out for many years after complete subsidence of all gonorrhoeal symptoms.

Some writers have discovered latent gonococci in the prostate gland as long as sixteen years after an attack."

The patient generally complains of pain in the lumbar region, perineum, pelvis, scrotum, and testes.

The inguinal glands are usually swollen and very painful, sometimes suppurating. The whole penis is swollen, hot, congested. The act of micturition is very painful, there are frequent painful erections of the penis, called chordee, due to the effusion of lymph, giving the organ a bent or twisted appearance, from which it never wholly recovers. The duration of gonorrhoea is given as six weeks, but it sometimes persist for a much longer period; again there will be a clear mucus discharge, with slight or no tenderness along the urinary passage, this may remain for a considerable time, even for months, this is gleet.

"It is a common occurrence to find in men just turned fifty years, who have had gonorrhoea in bygone days that they are greatly annoyed by passing urine three or four times in early morning, soon after rising, and in rapid succession while completing the toilet, and they not infrequently have well marked and obstinate indigestion, headache, with nausea, a dry mouth, coated and parched tongue, pulse more rapid and abnormally weak, with a low, feverish condition

simulating typhoid, great and sudden rises and falls of temperature, accompanied with rigors and sweatings, pains in the right loins, small of the back and over the bladder, sometimes in the perineum and rectum, significant of a serious poststatic congestion extending to the bladder and backward into the kidneys which is not unlikely to end fatally."

Complications. The complications and sequelæ are many and varied, such as orchitis, epidymitis, cystitis, retention of urine, phymosis, paraphymosis, perineal abscess, inflammation of cowper glands and seminal vesicles, gleet, stricture, inflammation of inguinal glands, gonorrheal conjunctivitis, gonorrheal rheumatism, balanoposthitis, prostatitis.

Prophylaxis. "That the most certain means for attaining this end, as well as the most moral, would be avoidance of the extramartial intercourse cannot be doubted. This, however, is a pium desiderium, whose fulfillment can scarcely be anticipated. There is still less prospect of this, since, owing to our complicated social conditions and the difficulties of making a living, the marriages of mature men are apt to be contracted at a later period of life than formerly. We can, therefore, only hope that the education of the male portion of the population, commencing at a time when they are approaching the adult age, and the explaining of the dangers connected with extramartial intercourse, may effect an improvement in the existing deplorable moral and sanitary conditions."

Owing to the extreme danger of the gonorrheal infection in man and for the reason that it may threaten the health of innocent persons it appears desirable to adopt the most vigorous means of counteracting and preventing the spread of the disease, so that not even a single male would be attacked by it.

To avoid gonorrheal infection coition should not be repeated several times in succession, and ejaculation should

not be intentionally prolonged. Coition should be avoided during or near the menstrual period as it appears that during menstruation the gonococci increase in number in women suffering from gonorrhea. Among the prophylactic measures are washing and bathing of the organs immediately after coitus and urinating immediately after the act. Urination is, however not a sufficient preventative for the removal of all gonorrheal secretion which may have gained access to the urethra, because experience shows that men who have urinated immediately after the completion of cohabitation have nevertheless presented signs of gonorrheal infection in the course of a few hours. The only certain prophylaxis against gonorrheal infection after exposure seems to be the instillation of some anti-gonorrheal substance that will prevent infection. Nitrate of silver should never be used for this purpose as it provokes intense symptoms of irritation without producing the desired result. A twenty per cent. solution of protargol in glycerine immediately instilled into the urethra is said to prevent gonorrheal infection without irritating or injuring the urethra. When introduced into a healthy urethral canal this solution, produces only a very slight prickling sensation. It is claimed that a better remedy and one which has never failed is a twenty-five per cent. solution of albargin in glycerine painted with a small camel's hair pencil into the meatus of the male.

Treatment. I am not an advocate of the abortive treatment of gonorrhea with strong solutions of nitrate of silver as it rarely if ever accomplishes any good. In fact I believe it aggravates the disease in the majority of cases. In the first stage rest in bed if possible, or if this is impossible a snugly fitting suspensary bandage and as little exercise as can be got along with. It is important to impress on the patient the necessity of perfect cleanliness, and the great danger there is of infecting the eyes with the discharge from the urethra, also that they cannot get well if sexual inter-

course is indulged in. The bowels should be kept relaxed, and the patient should drink freely of water, plain or mineral. If he takes to the bed the diet should be reduced about one-half, and should consist of milk, bread, eggs, and light puddings.

The patient should be cautioned against highly seasoned foods, pepper, vinegar, pickles, mustard, beer, alcohol in any form, tobacco, strong tea or coffee. / Horseback riding, and all violent exercises should be forbidden.

The acidity of the urine may be reduced by using the citrate or acetate of potassa.

"The best dressing for the penis is absorbent gauze, a piece about four inches square with a slit cut in the center, through which the glans is passed until the gauze is well behind the corona. The foreskin is then drawn forward, thus causing the free end of the gauze to protrude beyond the preputial orifice. This dressing allows the discharge to drain freely from the meatus, and keeps it from coming in contact with the prepuce and glans. If the prepuce be very short, the glans can be wrapped lightly in absorbent gauze. The dressing should be burned as soon as removed, and the hands washed to prevent infection." The following is a good internal treatment:

R_x Sp. Aconite, gtts. x.
Sp. Gelsemium,
Sp. Cannabis Indica,
Sp. Stigmata Maydis, of each one dram.
Syrup Simplexus, four ounces.

Mix. One teaspoonful every three hours to four times a day.

As an injection,

R_x Lloyd's Colorless Hydrastis, four ounces.
Bismuth Subnitrate, half a dram.

Mix. Inject three times a day WARM and retain it for five minutes.

Before using an injection it is very important to flush the urethra with the urine, this is accomplished by closing the meatus with the thumb and finger, then forcing the urine into the urethra distending it to its utmost capacity, then suddenly releasing the hold on the glans in this manner there will not be likely to be any pus left in the urethra to be forced backward when the injection for cleansing is used, which should be used immediately and followed by the medicated injection. Dr. W. C. Cooper recommends for an injection, distilled hamamelis, Lloyd's hydrastis (colorless) of each one ounce, water two ounces. Inject three times a day. Internally after the acute symptoms have subsided, he uses an essence of oil sandal combined with sp. staphysagria and adds two grains to the ounce of sulphate of zinc to the injection mixture. The sandal has a tendency to prevent "chordee" as also have the bromides, gelsemium, monobromide of camphor, etc. Bathing the organs in HOT water previous to retiring has been recommended, a hard bed, and not too warmly covered. Pulsatilla will relieve the disagreeable sensation experienced in the urethra long after the cessation of the discharge.

The remedies recommended for local use are too numerous to mention. I will mention a few recent ones. A writer in Medical Era says, give five grain tablet of cystogen three or four times a day with plenty of water and for injection R_x atropia sulphas five grains, bismuth subnitrate four drams, muscilage of acacia two ounces, with water sufficient to make a six ounce mixture. Inject three times a day.

Protargol solution in varying strength of from one to ten grains to the ounce is probably used more than any one single remedy. Argonin is used the same. Albargin is a new silver product. "The so much spoken of valentine irrigation method I find useful only as a means of cleansing the urethra before making the injection of albargin solution which I prefer to perform myself. I begin with one-half per

cent. solution, allowing this to remain in the urethra for five minutes. I gradually increase the strength to two or even five per cent. in some cases."

Euophen in bougies or suppositories containing ten grains of euophen each. First cleanse the urethra with peroxide of hydrogen and follow with an abundance of warm water. Acetozone twenty grains to one quart of water and use as an injection.

Gleet injection. *Rx* Bismuth subgallate one dram, zinc sulphate eighteen grains, aqua calcis four ounces. Mix. Use three times a day. Pass sounds, beginning with a small one and increasing in size, having them anointed with a twenty-five per cent. protargol and benzoated lard ointment. The acid nitrate of mercury ointment is good used in the same manner.

GONORRHOEA IN THE FEMALE.

Gonorrhea of the female generative organs is usually limited to the vulvo vaginal canal, though the urethra is occasionally affected, as are likewise the fallopian tubes. The ovaries may be secondarily affected. Gonococci may be the sole originators of pyosalpinx and even of suppurative peritonitis.

Out of fifteen cases in which Wertheim examined the pus of pyosalpinx he found that ten were pure cultures of gonococci, four contained no micro-organisms at all, in one the streptococcus of pyococcus was present. The disease is very apt to locate itself in the posterior cul-de-sac and there remain indefinitely. It is this tendency in the chronic form of the disease, to hide as it were, that makes it often impossible to pronounce a woman perfectly free from disease, as to say that it is impossible for her to have conveyed the disease. The normal reaction of the vaginal secretion is entirely acid, and this is the chief characteristic of normal secretion. The acid is lactic and it is derived from the tissue

changes produced by a definite species of bacillus which is always present in normal secretion.

A writer in speaking of the tenable effect of the latent disease in man says: "The sacrifice of human beings is appalling, when we consider the thousands of innocent, and young married women all over the land, that are led blindly, hourly and daily, to the slaughterhouse, through infection by their husbands or consorts who have had for many years a gleet." This disease has unquestionably caused the death of many women, while others have lived a miserable existence for a few years finally succumbing to its dire effects, while others have been rendered sterile. "The valentine method of irrigation as used for gonorrhea in the male I find very satisfactory in the female and far superior to the introduction of catheters which are irritating and many times severely painful." The ordinary fountain syringe may be used in place of the valentine irrigator. Be careful in using these to not force the pus back into the womb or other internal organs.

The peroxide of hydrogen will be a good agent to cleanse out with. Of course the same agents are applicable here as were in the treatment of the disease of the male. Protargol, albargin, europen has been recommended in suppositories containing fifteen grains of europen each. The parts should be thoroughly cleansed, the vagina then to be cleansed with peroxide of hydrogen to be followed with plenty of hot water after which one of these suppositories is to be introduced; it is best to use one three times in twenty-four hours.

Acetozone, twenty grains dissolved in one quart of water, moisten gauze with this solution and pack the vagina so as to distend the ruga. This is said to effect a speedy cure. The principle is certainly correct.

VALEDICTORY ADDRESS, A. M. C., 1903.

BY W. E. BARNES, B. S., M. D., ASHMORE, ILL.

Ladies and Gentlemen:

To-night marks the passing of another mile-stone in our collegiate life. To-night the cherished goal of eighteen eager hearts has been attained. We appear, the chosen representative of the senior class of 1903, to perform the last official act; to express to you its friends, who come to grace this assembly, the joyful feelings with which we hail this benign occasion; to convey in abundant measure our gratitude and appreciation to our instructors for their earnest efforts in guiding us along the way and granting us a passport to the profession they honor; and to speak the words that shall sever our association as a class and close the chapter of our under-graduate life.

In olden times it was the task of the minstrel to take his harp and keep alive the spirit of courage and loyalty of the warrior by singing in ballads his deeds of valor. His was the task to prolong and sweeten peace to the simple and gentle with songs of love and gallantry. To the poet of every land has been left the noble work of portraying the ideals of the race. How many, many verses whose simple and beautiful melody, softly murmuring through the ages, have made the singer's influence the most widely felt of living teachers; because in them he has touched the common chords of tenderness and patience, of the pathos and beauty, of the domestic scenes and familiar emotions of daily life! So it is with diffidence that we attempt to review the quartette of years spent in the old class room, and to summarize this epoch of golden opportunity.

We have all been building for this hour and for the future. The structure our toil has reared is like some castle, famous in song and story. The massive walls, the solid

abutments remind us of the broad foundation we have been laying by mastering the principles of Eclectic medicine. And on this by the generous gifts of our instructors and the toil and study of days, weeks, months, and years a superstructure of truth and fact has been raised until it stands on a very counterpart of the old castle bidding defiance to all comers except him who comes in peace. The storm scarred battlements speak of the encounters for class distinctions, of the battle against discouragements, of the worry over principles so difficult to master, of the horrors of those oft recurring quizzes, and of the sorrows and trials of a struggling medical student such only as he, who has been one of them, knows. The ivy climbs the castle's side, hiding the dull expanse of wall. It festoons the arches of the gate-ways and crowns the battlements with wreaths of green. The rough and angular are made graceful and the repulsive beautiful. In like manner our structure has been beautified by those often spoken words of kindly encouragement of some professor, the pleasant companionship of classmates, the joy and happiness of attainment, and the mirth and gaiety that have been entwined through the long years of our toil.

Yet the castles sometimes fall, so we turn to the present and find our cheeks mantled with the joyful flush of attainment. Our exhibition is the proof that we have passed our final quiz. These parchments set the seal on our induction into the practice of medicine. The word has gone forth throughout the land to friends and relatives of our success. And you are eagerly awaiting the opportunity to bestow your congratulations upon a friend or loved one among us and add to our enjoyment by mingling your own. But we who are soon to turn our faces from our alma mater must first bring our farewell gifts to her and to each other. Many strange and serious thoughts come welling up within us. Not like those that Æneas must have felt as he gathered his penates from the altars of sacked Troy and bore them away

to an unknown land to found another home and city. Among his thoughts of uncertainty of the future were mingled the pangs of defeat, lost kindred and home. Neither are they like those of Napoleon as from the desolation of a wrecked ambition he looks for the last time upon his home and kingdom and passes to his prison in the lonely island of sea. Nor can we compare them to the sorrowful emotions that must have moved Evangiline, when the conqueror destroyed her peaceful Acadian home and sent the only dear one left her, after the tragic death of her father, far away into exile. Our thoughts are those of gladness and regret running through them. Regret that familiar places will soon know us no more, that fond associations must be severed, that the kind well-known faces must give way to those of the stranger as we pass out of the class-room and here answer to the last roll call.

Mr. President and Members of the Faculty:

The class of 1903 is grateful that you have not made it a World's Fair class and saw fit to postpone it along with that other great event. But most of all we desire to express our appreciation, in this public way, for the earnest and self-sacrificing efforts that you have put forth to prepare us for this noble profession. You have strewn prodigally at our feet the wisdom of ripened age and successful experience. If we have seemed to lack in attention or appreciation at any time we ask that the fault be condoned. It is not for us to say what each of you has contributed to make up the "composite man." As we pass from under your guidance and daily experiences teach us more fully the skillfulness of your training and lead us to appreciate the value of each precept and principle you have given, our admiration and gratitude will increase and make your remembrance a pleasure.

So the class of 1903 craves your parting blessing and

speaks for you heaven's choicest favors and the abundant success of the institution under your charge—our alma mater.

Class-mates:

Four sessions ago we left the shop, the counter, and the farm and began to climb the foothills of medical science. Your thoughts meet mine as we recall the experiences of different stages of our ascent. How far above us then seemed the summit. How the fogs and mists of chemistry made the way so hard to find. How the clouds of intricate anatomy blurred the trail. How the ghosts of the dissecting room made many a night canny. How often the mirage of pleasure tempted us into side paths, until some quiz on surgery or therapeutics came like a flash of lightning to reveal the true way. But, "In the bright lexicon of youth there is no such word as fail," so gradually we have reached the summit and are permitted at last to view the "promise land."

Here we pause to clasp the hand and say farewell as we pass—one to his chosen work in the land of perpetual summer where flowers and foliage and waving grass are untouched by the frigid winds; one to the region of glistening snow, where the cold icy silence broods over the long night of winter and the stars burn blue and bright in the darkness; another will visit the quiet valleys at the foot of wooded hills; another will go to the abode and tent of the frontiersman on the unbroken plain; others will minister in the palaces of the rich and powerful of the world's great cities.

Despite the fact that we go out to-night with high hopes and a determination to heal all the ailments of the human race there will come seasons that shall try our souls. Because some of you are not specialists on the umbilicus, you will fail to diagnose one of its many ailments, and find yourselves at a loss for the specific remedy. As you toss about on a sleepless couch you try to recall the instruction of your

professors. At last you think of the maxim, "cut the diet half into." You put this instruction into effect; but still the case causes loss of sleep. Then you try, "kali mur and fer-rum phos 3x," and expect excellent results. Yet the patient gets no better. In your desperation you come across the injunction, "Use Montie's Dilators and Compound Powder," and you think surely you have the remedy. But, on diligent trial, it fails to reach the case. Again your sleep is broken. In imagination you see the sorrowing wife and hear the plaintive lisp of the child for papa. You decide that to-morrow you shall declare that some new and grave complication has arisen that is beyond the reach of all human skill. Having thus allayed your perplexity you fall into a slumber and think you are dozing in the class room again. Then there steals across your senses a soft musical note of song—"You can't have any of my peanuts when your peanuts are gone." How you long for just one of papa's peanuts of knowledge since your supply has become so scanty. While musing on the old song you hear the familiar voice again, "where you find pus, let it out." And you awaken to realize that there is more reason and philosophy in that axiom than you ever dreamed before. You direct your treatment accordingly your patient is soon convalescing.

Whether we all become masters in our chosen profession, or whether we find life's pathway leads the discouraged physician over a drear and echoless waste, where the spirit of despair broods over shattered ideals and unrealized longings, where the pulseless silence of the desolate hours is stirred only by the sad memories of old ambitions and the haunting shadows of dead hopes—then may we turn our faces and thoughts back to our alma mater and renew the old associations, review again its lessons and relight our ambitions.

In the sacred recesses where we shall treasure the many

memories of our college life, is one that is more blessed and endearing than the rest. It is the memory of him for whom in sorrow we twined the floral wreath on the very morning of our senior year. His loss we shall ever regret. His memory we shall ever cherish. His influence, through his masterly teaching, through his noble gentlemanly bearing, and through his unselfish kindness to us all, will never cease to mold our daily lives.

The last hour of our college days is passing. I must now say the final words and finish the trust you have graciously imposed upon me. I bid the class of 1903 a kind farewell and wish for you the honors of a large clientage and a generous reward for your well merited toil.

ADDRESS OF DR. C. A. TUCKER BEFORE THE
BANQUET OF THE SENIOR CLASS OF
1903, OF THE A. M. C.

MR. PRESIDENT, FACULTY AND CLASS OF AMERICAN
MEDICAL COLLEGE.

Ladies and Gentlemen:

It may seem somewhat inappropriate to attempt an address of this nature before the banquet, but since the greater part of our remarks must necessarily relate to the future, perhaps the use of the past tense is not entirely incorrect.

Because I feel, ladies and gentlemen of the class, that the banquet to-night will be the last square meal you will enjoy for a long time.

As historian for my class, I shall attempt nothing of the past, but will advise you for the present and prophesy for your future.

Many are the evidences of esteem you have shown me, and it is with great diffidence, though with deep feelings of gratitude that I now attempt this last great duty.

For four long years have we worked together and watched each others progress, as we have slowly but surely gathered in and stored away those sparkling gems that simply go to add luster to the crown that awaits us in the future.

As we pass to-night from the arc light dazzle and electric radiance of this occasion, into the uninterrupted quiet of the smaller villages, and new offices, our passage will almost equal the crossing of the river Styx.

The overwhelming depression of hope deferred and ambition thwarted, will discourage us, and weigh us down like an impending disaster.

No doubt we will envy the banana-man or the rag-peddler or the scissor grinder. We may long for an opportunity to earn a dollar, as did the sturdy Lincoln splitting rails on the Sangamon, or as did Garfield driving a mule along a towpath of a canal in Ohio, or as did Patrick Henry as he sawed a cord of wood for a loaf.

We may long for any honorable work that will bring us a livelihood, such a longing is worthy of an honest man; follow it!

When our handsome diplomas are framed and hung up in our new offices and our shingles are out, our first case, no doubt will be, one downed in the "slough of Despond;" and whether we cure it or not depends entirely upon the stuff of which we are made.

If we are weak and hyposcotiotic we will probably sink into the mire of regularism or osteopathy. But if our pack of pride and respect for show is not too great, and we have enough of the all-year-round determination and the never-give up persistency then we will ultimately bring up at the shore, and as our feet strikes solid ground the sun will burst forth and guild the scattering clouds. Then in the glory of noontide will we see that struggle for existence is the neces-

sity required to make of us useful men and women. We will then see that,

“The world is full of roses,
And the roses filled with dew;
And the dew is filled with heavenly love,
That drips for me and you.”

With diplomas and state certificate in hand we go forth seeking new worlds to conquer; to constitute new and vital elements in society; and if the scientist's view be correct, namely, that vital forces are chemical in origin and electrical in character, we may suppose that we go out into the world armed with a certain natural affinity which seeks to form new combinations with other elements, and to create a current, which, taken as its food will bear us on to fortune.

We sincerely hope we will not prove ourselves to be a second Argon, the idle element of the air; that we will not be kryptons in the medical profession, hidden and unattractive; that we will not be an idle stranger, a characterless and indifferent human Zenon. On the other hand let not our aggressiveness and over-boastful self assertion establish any one's belief in the vortex theory of atoms—belief that we are really evolved from thin air, and are but the minutest aggressions of limitless ether in infinite space.

In the year 1873 a workingman at the Vienna Exposition accidentally connected two dangling wires to a dynamo. The result of that accident was a revelation; instantly the machine began to revolve in the opposite direction to its normal movements; thus was noticed for the first time the fact, that a dynamo when supplied with a current becomes a motor. To that accidental discovery we must attribute the almost infinite number of electrical machines we enjoy and profit by at the present day.

Hitherto we have been as dynamos with leyden jar attachments; but now, filled with every variety of theoretical and practical current, we are to reverse the revolution and

become powerful motors for good or evil in the world.

To-night our minds are made up. Will we keep it? Before our mind a lesion rises. A physician going quietly among his patients, relieving pain and sorrow, encouraging the down-cast, placing the kind hand of sympathy on the brow of the heart-broken, furnishing aid to the needy, treating the poor without remuneration, restoring health and hope and confidence in the present and faith in the future. A physician who is a blessing and a benediction to the whole community. Will you, my class-mates, realize that vision to-night?

Perhaps we dream of adding to the store of knowledge by new conquests in the unknown. Cherish that dream constantly and tenderly!

Possibly you see the dim outline of a Pasteur in the blue distant aciduously investigating the secrets of fermentation. We see him discovering and eliminating the silk-worm pest and thereby contributing millions to the people of his beloved France. We see him studying the bacillus of anthrax and after months of unremitting toil, discovering a vaccine for charbon and another for hydrophobia. We see him absolutely disprove the theory of spontaneous generation and thereby blaze the way to aseptic surgery. And for all his wonderful discoveries refusing to profit a single centime, doing it all for his country and humanity.

Yoke that figure to your highest ambitions.

Who can tell what such dreams may contribute to science in the future.

May we utilize the spare moments of the early years of our professional lives to enrich our store with a broader knowledge of the science of medicine and to enrich it with a deep and exhaustive comprehension of some particular branch of our science.

To make real the noble ideals of any mind to attain tow-

ards the worthy aspirations that inspire us to-night requires first, time, which has already been indicated; and second, many strong and sterling elements of a strenuous character.

That a graduate of the A. M. C. has the business ability, earnestness and industry no one will doubt, especially if he has passed the ordeals of her four years course.

Common honesty is an essential element of high character. Not, "honesty is the best policy," for it isn't policy at all. Honesty is right and just, and righteousness is always the highest expedient. Position, practice, fortune, are seldom won dishonestly, and if won, rarely endure; and never are they thus won or held in possession except at the awful expense of an accusing conscience.

Glaring advertisements and the blatant recital of harrowing cases which exists only in the diseased imagination of the megalophonous quack, blunt and ultimately destroy the finer qualities of the mind as completely and irremediably as manganese kills the magnetism of iron. While on the other hand, plain, common honesty is as the mantle of thorium which causes the dull gas flame to glow with electric radiance.

If a man's character is undermined and his conscience scarred with dishonesty, it may be concealed for a day or a year, but as Webster said of civil liberty, dishonesty is "like earth's central fire, it may be smothered for a time, the ocean may o'erwhelm it, mountains may press it down, but its inherent and unconquerable force will heave both the ocean and the land and at some time or other, in some place or other, the volcano will burst forth and flame up to heaven." Beware lest we imitate Mt. Pelee:

Enthusiasm is the power that warms and wields, giving life to cold facts. It stimulates the imagination to link together in one grand system all the apparently disconnected facts of a great science. It constitutes one of the most neces-

sary qualities of a scientific investigator. And as its existence was presupposed before we began the study of medicine, it would require no mention here, were it not for the fact that the scope of science has been so greatly extended within the last fifty years that no mind can fully compass it.

Herein may lie discouragement, yet those vast strides of progress, those carefully planned strategic attacks upon the citadel of the unknown, and the brilliant victories that science has gained over superstition, prejudice and ignorance, together with the rich blessings that have thereby accrued to humanity, are the basis and source of all our enthusiasm.

Remember the works of Harvey, behold Edward Jenner inoculating the first human being with cow-pox. Look back fifty years and see the first patient sleeping quietly and peacefully while the surgeons enter the most vital parts of his anatomy.

Picture the great story of Pasteur and his experiments at Melun. The eyes of the world were upon him, and the anti-vivisectionists cried in condemning tones all over the world to stop his inhumane treatment. Who can picture that scene without thinking of the Prophet Elijah in his open-handed contest with the four hundred and fifty priests of Baal on Mt. Carmel. He was not afraid of rigid conditions, but boldly he said to them, "if the Lord be God follow him." But "if Baal be God follow him." How the bold old prophet was rewarded for his courage. As the consuming flames burned up the sacrifice and the wood and the stones which he had set up and licked up the water found round about the altar, the people cried in loud voices, "The Lord he is the God."

Can such unselfishness, such generous self-sacrifice, such magnificent scientific victories, such noble, fruitful and

beneficial service of fellow-man fail to stir the enthusiasm of any worthy soul?

What is it that makes the stars and stripes so dear to the heart of every American citizen? What is it about the grand old flag that so thrills you? What is it that stirs every fountain of your being when you see old Glory waving proudly in the sky? Is it not the blood and the treasure which it has cost and the priceless inheritance for which it stands?

If the possibilities of the life upon which we are about to enter to-night do not cause our hearts to swell with high hopes and noble aspirations, there is something radically wrong in our make-up.

Ladies and gentlemen of the class of 1903, if the opportunities of the medical profession into which we are about to enter, do not fill us with enthusiasm for attainment of our highest ideals and noblest aspirations, we are unworthy of the diplomas about to be granted us.

Another element of character we must have is faith. We must have faith in ourselves or our patients will not believe in us. We must have faith in our remedies or we will not use them to any purpose. We must have faith in humanity and we must have faith in God. Not the faith that administers the one millionth part of a grain of charcoal or sugar of milk and expect God to cure our patient. If we give an overdose of strychnia we will poison our patient, however hard we may pray about it. God does not work miracles to justify ignorance or imbecility; such faith would destroy every particle of our usefulness.

But faith in the honesty and good motives of the majority of men, faith in eternal justice and goodness of all things is absolutely necessary to keep us from Pessimism, to keep the impulses of our minds pure and our lives sweet and beautiful.

Faith is the divine antiseptic, clothed with this di-

vine antiseptic our lives shall grow like the chambered Nautilus.

Listen:

"Build thee more stately mansions,
O my soul, as the swift seasons roll !
Leave thy low vaulted past,
May each new temple, nobler than the last,
Shut thee from heaven by a dome more vast,
'Till thou at length are free,
Leaving thine out-grown shell by
Life's unresting sea."

To the faculty of our college let me assure you that your efforts shall not be thwarted by this class. Your labors shall not be in vain. We've tried to be comprehensive and will follow the paths you've guilded. We will endeavor in the future to keep step with, and abreast of the progress of science, and though the stream of time may waft us to lands far distant to this World's Fair City, yet our conduct will be such as to make you proud of your sons and daughters.

And while we think these gatherings are beautiful, yet it is not for the present only, that they are gratifying; we shall love through coming years to look back on them as sunny spots amid the lights and shadows of the past.

We are ready to face the battle; may it be a noble fight, and may twenty or thirty years hence find many of our cherished dreams of youth real axioms and proving a blessing to science and humanity.

"The sun is sinking in the west,
The herd comes lowing from the field,
The busy bees wing swiftly home,
Laden with sweets the flowers yield.

The frogs are croaking in the ponds,
The crickets chirp beside the way,
The lengthening shadows on the sward,
Give token of departing day.

The sun goes down, the twilight falls,
The air grows chilly, damp and drear,
Slowly the darkness settles down,
And night with all its gloom is here.

Yet, in this night so densely dark,
In silent awe I grope my way,
Believing I shall see full soon,
The breaking of another day.

So when our sun of life is set,
And we have voiced our last good-night,
Then we may greet another morn of
Peace and joys of love and light."

PULSATION OF THE AORTIC ARCH AND IN-NOMINATE ARTERY.

Gerhardt, investigating the pulsation of the aortic arch described so frequently in aortic aneurism, aortic insufficiency, sclerosis, and lengthening of the ascending part of the aorta, found in 121 cases of soldiers and phthisical patients, free from heart affections, that this pulsation could be seen and felt in the majority of adults and is not indicative of any particular affection, being also frequently present in tuberculosis, bronchitis, Basedow's disease, and in the above-mentioned vascular conditions. In aortic insufficiency and aortic aneurism the author noted, however, a visible pulsation of, or, better, and appearance as of, the "truncus anony-mus" to the inside of the sternal attachment of the right sterno-cleido-mastoid muscle.—International Medical Magazine.

A venerable African obtained a prescription from his physician. "Take this," said the doctor, "a tablespoonful after each meal."

"All right, boss," Uncle Eben replied: "but where can I get the meals?"
A. W.

**PROGRAM OF THE THIRTY-FOURTH ANNUAL
MEETING OF THE ECLECTIC MEDICAL SO-
CIETY OF MISSOURI TO BE HELD
AT KANSAS CITY, MAY
20-21, 1903.**

OFFICERS.

President, G. D. Walker, M. D., Eldon; 1st Vice-President, T. S. Bishop, M. D., St. Louis; 2d Vice-President, J. A. Miller, M. D., Columbia; Treasurer, C. G. McKinley, M. D., St. Joseph; Secretary, H. H. Helbing, M. D., St. Louis; Corresponding Secretary, W. A. Smith, M. D., St. Louis.

COMMITTEES—PRESS.

M. M. Hamlin, St. Louis; A. F. Stephens, St. Louis; Chas. Palmer, Kansas City.

RESOLUTIONS.

John L. Ingram, St. Louis; T. S. Bishop, St. Louis; Geo. W. Tremaine, St. Louis.

FINANCE.

C. S. Glover, Russellville; T. A. Son, Bonne Terre; H. D. Quigg, Blackwater.

CENSORIAL.

J. H. Woodward, Springfield; J. M. Powers, Warrensburg; A. W. Davidson, Poplar Bluff.

ARRANGEMENTS.

Chas. Palmer, Theo. Doyle, O. A. Johnson, Kansas City; E. A. Mendell, St. Joseph.

LEGISLATIVE.

Chas. Palmer, Kansas City; A. F. Stephens, J. C. Huntley, St. Louis.

Officers of sections appeared in April Journal.

WEDNESDAY, MAY 20, 9. A. M.

Invocation, Rev. Geo. H. Combs, Ph., G

Welcome Address, Hon. Marion Minnear.

Response, J. A. Miller.

Roll Call of Officers.

Roll call of members.

Reading and approval of records.

Report of Secretary.

Communications and bills.

• Payment of Dues.

Applications for membership.

Report of Censorial Committee.

Report of Standing Committees.

• Reading letters from absent members.

President's address.

During the forenoon we expect an address from Prof. John Uri Lloyd, of Cincinnati.

Beginning with the afternoon session section work will be taken up and continued intermittently until the close of the convention.

The following are the papers already submitted for the meeting:

"Remedies Which are Certain, H. D. Quigg, Blackwater. "Medical Legislation," J. C. Huntley, St. Louis. "A Case of Diabetis Mellitus," J. A. Miller, Columbia.

ELDON, Mo., APRIL 17, 1903.

To The Profession:

The time is fast approaching for the next meeting of the Eclectic Medical Society of Mo. Before another issue of this Journal reaches its readers the 34th meeting of the Society with its events, etc., will be a thing of the past. Now fellow practitioners what will you do? Continue to sit around and whittle and wait for that obstetrical case to come off, or

will you shake the dust from off yourselves and get a move on you and meet us in Kansas City on the 20th and 21st of May?

Brethren this is a duty which you owe to yourselves, your profession, and to your patients. Be neighborly with your competitors once in each year or once in several years and ask him to look after that obstetrical case for you and come along with us for a general good time and note the effect it will have both upon your business and your feelings in general.

The time has come when the laity expect and demand that their family physician keep abreast with the times. That he acquaint himself with the very best methods of battling with disease, and they also realize that those who keep the rust off the intellect by friction with other minds whether greater or smaller than ours are the ones to be trusted at the bedside. Show me a man who never attends a medical society and I will show you a man in a rut.

So now come along, you know your duty; don't fail to meet us in Kansas City on the 20th and 21st, and we will talk the matter over.

Yours fraternally,

G. D. WALKER, M. D., President.

NATIONAL ECLECTIC MEDICAL ASSOCIATION.

The next annual meeting of the National Eclectic Medical Association will be held in Indianapolis, June 9th, 10th and 11th, 1903. The Eclectics of the Hoosier State are preparing to give us a grand reception and a good time is assured. In point of numbers this meeting promises to exceed all former years, as we expect not less than a thousand good, live Eclectics to be present.

Arrangements have been made with the railways for one and one-third fare for the round trip, on the certificate plan. Special sleeping cars will be attached to the Big Four

train, leaving Chicago from Central Station at 8:30 p. m., June 8th, and arriving in Indianapolis at 3:30 a. m., June 9th. Sleepers will be cut off in the station, allowing us to remain in same until 7:30. Other trains via Big Four leave Chicago at 9 a. m. and 1 p. m.

Delegates from Milwaukee, St. Paul, Minneapolis and all Western and Northwestern points will find it to their advantage to procure tickets via Chicago, Milwaukee and St. Paul Ry. in connection with the ticket from Chicago to Indianapolis via the Big Four road, as such ticket will include transfer in Chicago.

Be sure to get certificate receipt when purchasing your tickets, as this insures your returning at one-third fare.

Our headquarters at Indianapolis will be Hotel Claypool, corner Illinois and Washington Streets, and the Corresponding Secretary will, on advice, make arrangement for such accommodation as may be required.

Faternally yours,

N. A. GRAVES, M. D.,

Corresponding Secretary.

J. D. McCANN, M. D., President.

ARKANSAS ECLECTIC MEDICAL ASSOCIATION.

The 23d annual meeting of the Arkansas Eclectic Medical Association was held in Woodmen's Hall, Little Rock, April 15th, 16th and 17th, 1903. On account of the large attendance, number of new members elected, subjects discussed, and business finished, this was declared to be the best meeting in the history of the association.

Professors Ellingwood of Chicago, Hamlin of St. Louis, Watkins of Cincinnati, were prominent guests of the society, and gave us valuable assistance in the section work. Dr.

Watkins presented an able and comprehensive paper on "Epilepsy;" Dr. Hamlin operated on a clinic, and Dr. Ellingwood addressed the association on the subject of "Eclecticism."

Dr. W. E. Green, a prominent Homeopath of this city, and one of the most prominent physicians and surgeons in the South, read an interesting paper under the section of Obstetrics.

The candidates were nominated for appointment on the State Board of Eclectic Medical Examiners, but the law not becoming effective until May 17th, the Governor deferred the appointments.

Prof. Watkins and son left Friday for Hot Springs for several weeks rest. They are registered at the Waukesha Hotel.

Prof. L. E. Russell of Cincinnati, sent a telegram, dated from Anna, Illinois, sending his best wishes for a good meeting.

Drs. Hamlin and Watkins were made honorary members, and the gentlemen were tendered a vote of thanks for their attendance and valued contributions to the program.

OFFICERS ELECTED FOR 1903-4.

President, T. J. Daniel, Magazine; 1st Vice-President, J. H. Snowden, Center Ridge; 2d Vice-President, J. W. Dalton, Dalton; Secretary, J. L. Vail, Little Rock; Treasurer, C. E. Pierce, Little Rock.

BOARD OF CENSORS.

G. C. Parker, A. J. Hansberry, W. G. Choate.

REVISION OF BY-LAWS.

E. H. Stevenson, R. L. Browning, W. L. Leister, A. J. Widener, R. L. Smith.

MEETING OF THE NEW ENGLAND ECLECTIC MEDICAL ASSOCIATION.

The New England Eclectic Medical Association will hold its ninth annual meeting, jointly with the Maine Eclectic Medical Society's thirty-eighth, at the New Falmouth Hotel, Portland, Maine, May 26th, 27th and 28th, 1903.

OFFICERS:—President, Henry Reny, M. D., Phar. G., Biddeford, Me.; 1st Vice-President, Edwin Morgan Ripley, M. D., Unionville, Connecticut; 2d Vice-President, Alfred Horace Flower, M. D., Boston, Mass.; 3d Vice-President, Thomas Mulligan, M. D., New Britain, Connecticut; Secretary, Sylvia Apphia Abbott, M. D., Taunton, Mass.; Treasurer, Algernon Fossett, M. D., Portland, Maine; Librarian, Herschel Napoleon Waite, M. D., Johnson, Vt.; Censors, Drs. Theophilus J. Batchelder, Alonzo D. Muchmore, John A. Donner, Frank W. Snell, Wilbur F. Templeton, and Stephen B. Munn.

An excellent program has been arranged, and a good time is confidently expected.

SYLVIA A. ABBOTT, M. D., Secretary.

A tombstone recently erected in Forest Lawn Cemetery, Buffalo, N. Y. bears the inscription:

"Lucile Sturdevant, died May 28, 1902, aged six years, Vaccination poisoning at school 35."

The parents of the child, Mr. and Mrs. Homer E. Sturdevant has instructed Charles E. Dolsou, an attorney, to bring suit against Doctors Beebe and Wright of the Health Department for the death of the child on whose grave the stone is standing. The Health Department on its part, insists that the inscription should be removed, alleging that it is untruthful.

The parents assert that their child died from blood poisoning caused by vaccination in the public school, and that they will not remove the inscription. They intend to sue the Health Department doctors for \$10,000 damages.—Ex.

The American Medical Journal.

MONT. M. HAMLIN, M. D. Editor and Proprietor.

Contributions, Books for Review, Exchanges and other communications should be addressed to The American Medical Journal, 2900 Lawton Avenue, St. Louis, Mo.

\$1.00 A YEAR IN ADVANCE.

| SINGLE COPY, 10 CENTS.

EDITORIAL.

THE EDITOR IN ARKANSAS.

At 8 o'clock, evening of April 15th, we boarded an Iron Mountain train at St. Louis bound for Little Rock at which place we left the train at 7 o'clock morning of 16th and reported promptly at the Gleason Hotel. After an hour of very strenuous effort in the dining room we succeeded in worrying our appetite into a state of quietude. This hotel appears to be run on the plan suggested by Byron, to-wit: "Famished people must be slowly nurst, and fed by spoonfuls, else they always burst." Suffice it to say we didn't burst.

We then visited the Woodman Hall and found about fifty eclectics congregated there in annual convention. A more earnest and enthusiastic body of men we have not seen anywhere.

The first on the program was a three-minute talk from each member on specific medication, and the following is a part of what was said: J. W. Tibbels thinks naphthalin the best remedy in all fermentative and septic conditions of the bowels, as in typhoid, etc. J. U. Hurst puts great faith in Bryonia. Dr. Yancy, phos. magnesia 3x, in cramps—pains, when patient must get up on feet to get relief. Dr. Brown-ing, apis mel. in cystitis, etc. J. M. Park uses but one remedy—echafolta—in all cases where he wants an alterative, resolvent, deoderant or antiseptic. W. L. Leister gave

specific indications for nux. R. L. Smith praises very highly permanganate potash in amenorrhea—three grain doses given in plenty of water. Dr. Warren, one dram 3x chloride sodium, where there is an abundant supply of clear bubbling saliva. Stephenson likes the cold pack to chest in infantile pneumonia—sthenia—not asthenia. Hudson, seventy drops of jaborandi will abort a chill for seven days. Hilburn likes santonine in cystitis. Allison, hydrangea in acute nephritis. J. W. Lewis gives gelsemium to antidote bad effects of quinine—three to five drop doses. Parker, in sensitive conditions of skin thinks lycopodium quite the thing. Daniels gives china one drop every hour in periodic diarrhea. De Wolf Jones gave the specific indications for thuja. Snowden cures habitual constipation with sp. tr. lobelia. Hickman likes thuja for a gargle in acute tonsillitis—2 drams to water $\mathfrak{z}\text{iv}$. Widener gives 2 grain doses leptandrin every two hours in dysentery. Pierce extols staphisagra in irritable urethra. Gordon praises echafolta. Nixon gives aconite in flux. Halbrook says colocynth is the thing for infantile colic. Clay gives one dram apocyn. can. to four ounces water in pneumonia. The disease terminates by lysis. Prof. Watkins, Cincinnati, sod. salicylate two drams in pint of water for itching of the skin, used locally; senecio, for flatulent dyspepsia, $\mathfrak{z}\text{i}$ to water $\mathfrak{z}\text{iv}$, teaspoonful every two to three hours. Frequent urination in old men he gives $\mathfrak{z}\text{i}$ equisetum to syr. simplex $\mathfrak{z}\text{iv}$. Berberis aquifol. for "black-heads," and he thinks damiania increases the breasts. May, uses adrenalin as local anæsthetic.

Several others made a three-minute talk but our reporter failed to catch what they said.

To us this was by long odds the best part of the entire program. We should like to see the plan adopted by all of our state meetings.

We had the pleasure of doing a surgical operation at the

Hydropathic Sanitarium before the entire association. We were assisted by Drs. W. L. Leister and W. S. May, both eye specialists. Dr. Widener was the anæsthetist.

After the operation we were shown through the institution by Mr. W. C. Green, Business Manager, who took great pains in explaining their methods of applying all the different kinds of baths, etc. We shall never forget the many kindnesses extended us and have no hesitancy whatever in commending this institution to the chronic sufferer.

The last Legislature of Arkansas passed a new medical law—a three board bill—to-wit: The Homeopathic Board; the Eclectic Board, and the “Medical Board of the State Society.” Each board is composed of seven members, appointed by the Governor. We heard several of the leading members remark that “it is not what we wanted, we think it much better to have a mixed board.”

Upon the whole this was a grand meeting, one of the best we have ever attended anywhere. Of this large gathering of eclectics all but three in attendance, we believe, are now readers of the *American* in fact, as Dr. Leister said in a public speech, *The American is our Journal* and I hope every Eclectic in this great Southwestern country will take it.” Yes, the American is rapidly coming to the front—our battle cry is “*Eclecticism to the front*” and the American stands for progressive, up-to-date all-around-and-a-yard-wide eclecticism. Hence its readers are always found in the front ranks. Arkansas Eclectics read the American hence their up-to-dateness.

COMMENCEMENT EXERCISES.

The 30th annual graduating exercises of the American Medical College were held at the Y. M. C. A. building on the evening of April 21st, 1903. There were eighteen in

the class. A superb audience greeted the class as it marched into the hall.

The program was carried out to the letter and all were pleased.

Dr. W. E. Barnes, of Illinois, delivered the valedictory for the class, while Hon. Wm. M. Kinsey performed the like honor on the part of faculty.

Prof. E. Younkin acted as master of ceremonies and Dr. Hamlin, vice-president, conferred the degrees and delivered the diplomas.

Rev. E. S. Ewing, D. D., pastor Taylor Avenue Baptist Church, pronounced the invocation.

This closes a successful year of work for the American. The prospects for even a larger class next year are very flattering.

ST. LOUIS ECLECTICS IN THE SWIM.

We are pleased to announce the appointment of our special friend, Dr. George H. Hampshire, to the position of post office physician, with offices in the general post office building, St. Louis. Dr. Hampshire is a step-son of our Prof. Geo. C. Pitzer, M. D., and is one of the brightest young men in the ranks of eclecticism. Uncle Sam is to be congratulated upon securing so efficient a physician and surgeon for this important position.

Dr. H. graduated at the American Medical College, 1901, and was the valedictorian of his class.

The office is a new one for St. Louis and pays \$1600 per year.

The Mayor of St. Louis has re-appointed our Prof. Albert Merrell, M. D., on the City Board of Health. The Mayor has done the city an honor in this appointment, as Dr. Merrell is easily the best man in the city for the position. St. Louis eclectics are to be congratulated on the ap-

pointment of this representative of our school to such an important position.

While at Little Rock it was our pleasure, in company with Drs. E. H. Stephenson, of Fort Smith, and W. S. May, of Gurdon, to enjoy the hospitality, on Thursday, April 17th, of Dr. E. J. Widener's palatial home. The good Dr. and his estimable wife are certainly royal entertainers. We are already looking forward to next meeting of the Arkansas Association and another visit to this splendid home.

The Arkansas Medical Association can boast of having the best recording secretary of any of her sister states in the person of Dr. J. L. Vail, of Little Rock. Everything of interest to the association was at his tongues' end and fingers' end any time it might be called for. We served the Missouri Eclectics for ten years in this same capacity hence feel that we are qualified to speak on the subject. Dr. Vail is a whole convention within himself.

We have received a large number of commendatory statements from prominent Eclectics all over the country relative to our editorials in March and April issues of the Journal. Thus proving that the real thinking Eclectic appreciates his position of absolute equality with any and every other school of medicine and that the appellation "Doctor" means *Doctor* in its fullness to everybody.

Dr. Ellingwood in his address on "Eclecticism," delivered April 16th, 1903, before the Arkansas Eclectic Medical Association, said: Since the last meeting of the National I have been investigating and have found that where one Eclectic breaks away from us and goes to the Allopathic ranks, at least ten Allopaths come to us. I therefore suggest that we do some missionary work by disseminating our

literature and mingling with our allopathic neighbor. Thus endorsing our views exactly. The American will always be found on the right side of every question.

FOR SALE.—A \$2000.00 country and village practice in western Kentucky. A good hustling Eclectic can soon make it \$3000.00 per year. Collection about 90 per cent. Village has eight business houses, four churches, bank, about 400 inhabitants. Good reasons for selling. Easy terms.

Address W. N. DuVALL, M. D.,
Beech Grove, Kentucky.

"McLean Co."

THE LADIES' AUXILIARY OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

The Ladies' Auxiliary of the National Eclectic Medical Association extends to the wives and mothers, sisters and daughters of all members of the National Eclectic Medical Association, an invitation to meet with them at Indianapolis, June 9th, 10th and 11th (during the sessions of the National Eclectic Medical Association) and promises them a pleasant time.

An informal reception will be held at the headquarters of the Association on the evening of June 9th, and all ladies attending with members of that body will be welcome guests.

They will be greeted by members of the Ladies' Auxiliary, so none need "feel themselves to be going among strangers."

Fraternally yours,

The Ladies' Auxiliary of the National Eclectic Medical Association.

MRS. W. E. KINNETT, President.
E. H. RICHARDSON, M. D., Secretary.

The total number of applicants before the Mo. State Board of Health at its last examination, April, was 108. There were seven only who failed to pass. Of the total number six were Eclectics and four were Homeopaths and these all passed, and yet there are those who are everlastingly and eternally howling about "discrimination" and "annihilation." Of course such twaddle is nothing more nor less than the ravings of ignorance. The man who indulges in such silly twaddle is an enemy to reform medicine; as not a single member of the Examining Board knows when he is grading a man's paper whether the applicant is Allopathic, Homeopathic, Eclectic or Osteopathic, as the same list of questions are handed to each applicant by the conductor and his returned answers bear no marks to indicate to which school he belongs. Each examiner makes up his grades at his home and without knowing what any other examiner is doing, sends his grades to the secretary who tabulates the returns just as the returns from an election are tabulated by the different county clerks of the different counties of the state. Hence we say there *can be no discrimination*. After the grades are all in and tabulated the full Board meets and these names are taken up one at a time, and voted upon by the Board. At this meeting of the Board each member may learn what school of practice the applicant belongs to or proposes to practice.

At our April examinations we had six Eclectics, four Homeopaths, one Osteopath and one negro but the examiners did not know the school, color or sex of any of these, where simply the initials of the applicant appeared on the papers.

Hence we repeat there *can be no discrimination*.

Dr. L. B. Laws, Cabool, Mo., one of the wealthy and influential Eclectics of the state is spending some weeks

resting at the Metropolitan Hospital. The Doctor will next week attend Prof. E. H. Pratt's course in orificial surgery at Chicago.

Our genial and good friend Doctor A. W. Davidson, ex-president of the Missouri State Eclectic Medical Society, has been taking an outing in Colorado and on his return did us the honor to stop at the Metropolitan and dine with ye editor.

Dr. H. H. Brockman, Eldon, Mo., also an ex-president of our State Society and one of the wealthiest and strongest Eclectics in the state, called in to see the American's scribbler while in the city last week. These are the class of men who drop in to endorse the Journal for its stand for decency and eclecticism; its mighty good company and the Journal shall always strive to merit the endorsement of such men.

AN EDITOR'S MARKET REPORT.

The Canadian editor who prepared the annexed market report has a happy conception of life, and a good tab on things as they are:

Young men, unsteady; girls, lively and in demand; coffee, considerably mixed; fresh fish, active and slippery; wheat, a grain better than barley; eggs, quiet, but will probably open in a few days; whisky, steadily going down; onions, strong and rising; bread-stuffs, heavy; boots and shoes, in the market soled, and steadily going up and down; hats and caps, not as high as last fall, except foolscap, which is stationary; tobacco, very slow, and has a downward tendency; money, close enough to get hold of; feathers, light and going up; iron, firm; butter, growing stronger; opium, a drug on the market; advice, good but no demand.

SELECTIONS.

CHRONIC NEPHRITIS UNACCOMPANIED BY ALBUMINURIA.

BY ARTHUR R. ELLIOTT, M. D., CHICAGO, ILL.

* * * * *

I have chosen from a series of cases which have fallen within my experience the following examples, which I shall briefly relate as illustrating how extreme may be the development of this disease without the occurrence of albuminuria appreciable by the methods in use. In testing for albumin, I have in every analysis used several tests, in order that my results might be devoid of the errors so easily possible when but one method is employed. I have eschewed the use of the extremely delicate tests, such as the potassio-mercuric iodide, picric and trichloracetic acids, having long ago grown to distrust them as over-sensitive and liable to error when peptone, albumose, nucleo-albumin or alkaloids are present. The method pursued consisted in the successive application of the potassium-ferrocyanide, Heller's nitric acid, and the heat with acetic acid tests.

Case I. A young man of thirty years, excellent habits and unimpeachable heredity, was referred to me by Dr. L. E. Schwarz, of this city. The patient's previous history had been uneventful, save for a severe attack of the "grippe" lasting one month, at the age of twenty. Several less severe attacks of influenza had occurred since that date. Visual disturbance had led him to consult Dr. Schwarz, who, upon examination, found a typical neuro-retinitis of the albuminuric type, affecting the left eye. There was an entire absence of symptoms, excepting some dyspnoea and slight precordial uneasiness upon exertion. Patient was habitually

constipated. The prostate was found moderately enlarged, although not tender.

Physical examination revealed distinct but moderate cardiac hypertrophy, marked arterial fibrosis and tension, and the urine was entirely free from morbid characteristics, excepting for the presence of hyaline casts and a reduction of the urinary solids below the normal average. Under treatment, the visual condition improved and the urea excretion increased from a daily average of 350 to 450 grains. In June, 1902, it is interesting to note that the patient suffered from an attack of primary labyrinthine vertigo (Menier's disease), no doubt due to a hemorrhage into the semicircular canal of the right ear. Hearing on that side still remains markedly deficient. Not a single one of the eighteen 24-hour specimens of urine examined during the twenty-eight months of my observation of this case revealed the slightest trace of albumin. Hyaline casts in very sparse number were invariably disclosed by careful microscopic examination.

Case II. The patient was a woman of 52 years, of neuropathic heredity, never robust, and the subject of periodic hemicrania. The clinical history of this patient's nephritis was ushered in by uraemic convulsions, suddenly developing after a few days indisposition, with functional digestive disturbance, accompanied by dizziness and headache. It was only with the utmost difficulty that the patient was rescued from the severe toxæmia. She lived for three years and a half, at the end of which period a second; and this time fatal uraemic development terminated the case. During the interval, many single and twenty-four hour specimens were examined, but at no time was albumin found in the urine. Casts, hyaline in character, were constantly to be found in the urinary sediment, although in very small number. Cardio-vascular changes were well developed, and a troublesome nocturnal polyuria greatly disturbed the patient's rest. The urine frequently reached as high as 100

ounces in 24 hours, and was of uniform low specific gravity. The total urea and other urinary solids were greatly reduced and it was only by the most careful supervision of the patient's habits, and persistent stimulation of the emunctories that uraemia was so long averted.

These cases seem to have been pure examples of nephritis without albuminuria.

Case III. A woman, 58 years of age and weighing 110 pounds (normal weight), first consulted the writer in May, 1901, complaining of dizziness, frequent blurring of sight, slight oedema of the feet and troublesome nocturnal urination. No dyspnoea or palpitation were present. Physical examination revealed an hypertrophied heart, well developed vascular-sclerosis and distinct arterial tension, which was well appreciated by the examining finger and beautifully expressed in the sphygmogram. Heart sounds were clear and booming, with marked accentuation of the second aortic. Three months after the first consultation, cardiac dilatation supervened, and ever since that time a distinct blowing mitral systolic murmur has been audible, slight oedema of the extremities has been constantly present, and dyspnoea upon effort has prevailed.

Retinal changes, at first present in their incipency, rapidly progressed at the time of the cardiac incompetency, and a typical albuminuric retinitis became established, with almost entire loss of vision. During the eighteen months that have elapsed since the time of these development the patient has been under constant observation. The visual acuity has fluctuated with her general systemic condition, and the circulatory integrity has been fairly maintained by the measures employed. Uraemic manifestations have developed from time to time, and the patient is at present under daily observation for a serious uraemic state. The interesting feature of this case is the urinary condition. In all, fifty five 24-hour collections of urine have been submitted to

careful testing. In only three of these specimens was albumin found in demonstrable amount, and this albuminuria was minimal and coincided with circulatory disturbances. The specific gravity and urea have invariably ranged low, the latter seldom rising above 200 grains in the twenty-four hours. Casts of hyaline and light granular character, but in small were constantly revealed by microscopic examination.

Latency of symptoms is a characteristic which so frequently marks the form of nephritis known as primary chronic nephritis, or interstitial nephritis, that it may almost be designated its most distinguishing feature. This lack of emphasis holds more particularly with reference to the urinary signs, but is also, although to a lesser extent remarked in the general physical manifestations, particularly their subjective expression, and it prevails more or less throughout the entire course of the disease. The cases reported certainly demonstrate that latency of symptoms is not a point of absolute distinction between the early and the advanced stages, or between the slight and the severe forms of the malady. Seldom in any given case will one have at hand an unbroken chain of symptoms, urinary and physical, upon which to base the diagnosis. The discrepancy between the clinical symptoms and the renal damage is often extreme, and at autopsy it may seem impossible to connect the atrophied degenerated kidneys with the urine, which has been the outward expression of the disease during life. It is by no means uncommon for lesions to exist in a relatively advanced state, without the patient consciously suffering from marked disturbance of health. So much is this the rule that many, if not the majority of these cases, are revealed accidentally in persons undergoing medical examination for reasons other than the relief of symptoms produced by the disorder, and this even at a time when the organic degeneration has progressed to such a point as to preclude the possibility of a long survival. As a rule, the diagnosis must

be made during the early stages, and from physical signs rather than from subjective symptoms. When symptoms arise, the disease has already existed for a considerable period, and the renal lesion is far advanced. Such symptoms as exist during the early progress of the disease represent such slight departure from the normal that they are rarely made the subject of complaint by the patient, and may only be elicited after direct and pointed interrogation. They most commonly consist of some degree of polyuria and evidences of circulatory disturbance under strain. Polyuria is the most constant, and, in the majority of cases, the only urinary sign remarked during this period. It does not become established until cardiac hypertrophy has taken place, and ever after and until compensation fails and the blood pressure in this way becomes lowered it remains a constant feature of the clinical picture. In those rare cases, in which, for any reason, cardiac compensation fails to become established, polyuria will be absent. Rarely is this symptom made the subject for complaint upon the part of the patient, who generally regards it as a favorable sign that urine is passed freely. The distinctive feature of the polyuria of this form of nephritis is its nocturnal character. Almost invariably the amount of night urine greatly exceeds the amount of the day's output. In well developed cases I have seen the night urine amount to four times that passed during the day. The patient's rest is disturbed by the necessity for urination which this excess imposes, and he consequently may rise a number of times to void urine.

Various explanations have been advanced to account for this curious phenomenon, but I believe the true one to be the increase in vascular pressure following recumbency. We often see this increased pressure manifested in other interesting ways in this disease. To illustrate, I cannot do better than to relate the following case:

Case IV. A large, fleshy woman, 52 years of age, was

operated for a uterine fibroid in 1894, at which time a diagnosis of Bright's disease was made. The writer was consulted in February, 1891. Subjective symptoms were entirely nocturnal, and of such a character as to make the patient dread the approach of bedtime. Lying down was the signal for great mental restlessness, which frequently for hours precluded the possibility of sleep. Occipital headache and dizziness often came on shortly after retiring for the night, and headache of purely nocturnal development was often very troublesome. An additional source of disturbance was the necessity of urinating two or three times each night. As the result of these combined deterrants, only three or four hours sleep could be obtained.

Physical examination revealed a forcible cardiac apex, six inches to the left of the midsternum. The apical region was tender to palpation. Frank arterial tension and sclerosis were present. Not to go farther into the details of this case, I will merely add that the progress of the case has been typical and eventful, cardiac dilatation having supervened this winter. The urine has been carefully observed in a routine way. Casts have been a constant feature of the urinary sediment in every specimen examined. In all thirteen samples, each of them a 24-hour collection, have been analyzed. Only two of these specimens gave any re-action for albumin, and then a trace only: This trivial albuminuria occurred during the circulatory crisis of the past winter.

It has always appeared to me a surprising oversight that medical insurance examinations take no direct note of the clinical importance of nocturnal urination. Almost invariably the normal healthy adult experiences no need for emptying the bladder during the average hours of sleep unless he has indulged in some unusual excess of fluids immediately before retiring. The exceptions to this rule are, I believe, rare. Certain affections of the lower urinary tract, (the

urethra; bladder and prostate.) occasionally, through irritation or abridgment of the capacity of the bladder, will cause nocturnal urination. Certain systematic causes, such as nervous hydruria, diabetes, excessive acidity of the urine, pyelitis, calculous disease, etc., also bring about this result. Excluding these causes, which result in a more or less sudden onset of this symptom and are temporary in their action, the great majority of instances in which this habit becomes established, are cases of chronic nephritis. It is necessary, before recording weight to this symptom, to establish the fact that it has not always been the habit of the patient; for, in rare instances, such may be the case. As a general rule, the onset of the symptom is gradual, and by such easy stages that it insensibly grows into a habit without awakening any concern in the patient's mind. I would advocate that a direct question be introduced into the formula of the medical examination to elicit information on this point, and when the habit is found to exist as an engrafted one, that it be made the indication for careful investigation to exclude incipient nephritis.

Among the earliest manifestations of chronic interstitial nephritis are certain symptoms arising from the cardiovascular changes which are so constantly associated with this disease. The changes comprise widespread arterio-capillary fibrosis and cardiac hypertrophy. They develop pari passu with the renal change, and go back as far as we may, as soon as the disease is demonstrable, the pulse tension is high and the artery thickened. The accessibility of the circulatory system to direct examination enables one to consult the heart and arteries for diagnostic data at a time when the urinary condition is so obscure as to leave us in great doubt. The changes in the artery are widespread, and generally quite early in the disease become appreciable to the sense in the well-known, stiff, tense vessel and hypertrophied heart of arterio-sclerosis. As a general rule, there are only two

forms of widespread arterial changes recognized; viz: atheroma, and that connected with chronic nephritis. Care must be taken, however, to exclude alcohol and syphilis, since both are capable of producing arterio-sclerosis and myocardial changes. When this condition is met with in the prime of life, it should direct attention to the kidneys. Certain subjective manifestations soon result from this altered vascular state. The earliest symptom produced is a slight dyspnoea on effort. Associated with cough, as it frequently is, the person may suspect asthma, and seek advice for the relief of the respiratory distress. Auscultation of the lungs, under these circumstances, will reveal nothing, and the contrast between the negative pulmonary findings and the dyspnoea is suggestive. Palpitation, and a sense of precordial fullness are sometimes complained of. Certain obscure sensory disturbances of vaso-motor origin may be the only indications present, as in the following case.

Case V. A blacksmith, age 34, and of 182 pounds weight. Patient temperate, but with a history of some past excesses. Syphilis denied, and no stigmata present. Patient complains of a sense of coldness of both extremities from the knees down (cryæsthesia). On close questioning, confesses to recent slight dyspnoea and precordial distress upon severe exertion. Reflexes normal; no disturbance of special sense; sexual power unaltered; locomotion good. Physical examination reveals distinct arterio-sclerosis, with the cardiac apex diffuse and forcible in the fifth interspace, five inches from the midsternum. Aortic second sound much accentuated. Prostrate somewhat fibrous, enlarged and tender. Urine contains trace of albumin and hyaline casts.

The urinary changes in the early stages of chronic interstitial nephritis are, as we have seen, inconstant and unreliable as a means of estimating the extent of the renal mischief. Associated with the polyuria, already referred to, a lowered specific gravity is usually met with. This diminish-

ed density is no doubt largely due to dilution of the urine brought about by the polyuria, but must not be entirely attributed to that cause. There is an actual deficiency of urinary solids, owing to renal inadequacy. If, from any cause, such as fever, excessive sweating, diarrhoea, the urine becomes reduced in amount, there is not that proportionate increase in the specific gravity which is characteristic of normal urine. Careful examination of the urea in the 24-hours urine by means of a reliable method will almost invariably reveal some reduction below the normal average.

Albuminuria, the classic sign of nephritis of whatever character, cannot be relied upon as an indication in chronic interstitial nephritis. It has been a debated question whether albumin was not sometimes totally absent throughout the disease. There can be no doubt that it may frequently be altogether absent during the early stages, that in other cases it may be absent for long periods of time or until the disease enters the final stage, and that in certain other cases the stage of the disease seems to have little influence in causing albuminuria, the urine apparently remaining free from that body, so long as no intercurrent disturbance apart from the disease arises to cause it to appear. As an expression of a personal opinion I would say that in many cases where albumin is apparently absent it is really actually present, though in minimal amounts only, and these obliterated, so far as purposes of chemical demonstration by the methods in vogue are concerned, by the dilution of the urine through polyuria. In such cases, its occasional transitory appearance in traces coincides with the temporary concentration of urine from physiologic and pathologic causes. I would further express the conviction that rarely albumin may be absent during the entire course of the disease in cases of the purely cirrhotic type, and only appear in obedience to grave changes in blood pressure, brought about by circulatory causes, or as the result of some intercurrent trouble, apart from the original

morbid process. These are the cases that have always been so baffling to diagnose, and have proved to be such unprofitable risks to life insurance companies. The difficulty is that, as a rule, even in the examination of applicants for policies for large amounts, but one examination is made, or, if two examiners are on the case, the urine is taken at approximately the same time. We know that the albuminuria of chronic interstitial nephritis, even when present, is very irregular, depending upon various physiologic factors, such as exercise, the character of the food, etc., and often at certain times of the day the urine may be free from albumin, although containing it at other times. One is not justified, therefore, in pronouncing albumin to be absent, unless a number of samples, taken at different times of the day, have been examined, or still better, a 24-hours collection submitted to testing.

Without going into this matter further, it may be claimed that the presence of albumin in the urine in this disease is uncertain, and that it consequently is but a very unreliable diagnostic guide. When present, associated with physical signs and other urinary indications, it serves to complete the diagnosis, but if absent, no inference is justifiable, and the diagnosis must be constructed without its aid. Much more reliable evidence of renal change is the lowered excretion of urea; which may exist months or years before the appearance of albumin, and especially important is the presence of tube casts in the urinary sediment. Casts are undoubtedly present with greater constancy in contracted kidney than is albumin, and in the diagnosis of this disease it may be stated that the morphologic evidence afforded by the presence or absence of casts may be accorded more weight than the existence or non-existence of albumin in the urine. While in the main they are associated, casts may frequently be met with when no albuminuria exists.

PUBLISHERS' DEPARTMENT.

Merit and Reliability with Consequent Success.—We are advised that our friend, "The Antikamnia Chemical Company," for many years located at No. 1723 Olive Street, St. Louis, Mo., has moved into its new home, Nos. 1622-1624-1626 Pine Street, in said city. The new laboratory is fully equipped with all the latest chemical appliances and machinery, which afford increased and needed capacity for the manufacture of the well known and reliable Antikamnia Preparations. The Company's sales during 1902 were the largest in the history of their business, and that the demand for their products is constantly growing, is demonstrated by the fact that the first three months of this year show a pronounced increase of sales over those of the corresponding months of last year. In fact, it is the growth of the business which necessitated the removal into larger quarters, where the Company has 75 per cent. more space than in its old plant. The steadily growing esteem in which The Antikamnia Chemical Company's products are held by the Medical Profession throughout the world, is due to the well known merits of the original Antikamnia Tablets and Powder, as well as to the undoubted remedial efficacy and pharmaceutical excellence of the new combination tablets which this company has, from time to time, added to its line of specialties.

FOR shaking palsy nothing excels tinct. Aesculus Glabra one-half drachm, CELERINA, eight ounces. Teaspoonful every two or three hours.

I have weighed Peacock's Bromides in the balance and not found it wanting as a most efficient remedy for the prompt relief of all nervous excitement, epilepsy, uterine and cerebral congestion, hysteria, neurasthenia and, in fact,

any convulsive or reflex neurotic derangement. It can be depended upon always.

ALFRED R. SCHOENIG, M. D.

Billings, Mo.

MENSTRUAL DISORDERS.—In disturbances of the menstrual functions Hayden's Viburnum Compound has gained the reputation of a standard remedy. In those forms of menstrual disorders in which there is no organic disease but a functional disturbance, its continued administration in connection with appropriate hygienic regulations, has often been sufficient to produce a cure.

SANMETTO FOR ENLARGED PROSTATE IN THE AGED AND ENURESIS NOCTURNA IN CHILDREN.—My experience with Sanmetto has been most gratifying. I consider it the greatest remedy I ever used in cases of aged men with enlarged prostate. I am now using it in two cases of nocturnal incontinence—both children are improving rapidly.

W. H. LYLE, M. D.

Olpe, Kansas.

Pain and Its Remedy.

BY J. D. ALBRIGHT, M. D., PHILLADELPHIA, PA.

Believing that the bar in the way of the profession, in the use of opium, is its tendency to evil after-effects, and the harum-scarum idea that a little opium will induce the habit, and those terrible concomitants (?) I wish to call their attention to a preparation that I have long been using, and have not yet seen one case in which the habit was formed, nor ever had any complaint as to evil after-effects. This remedy is Papine, a preparation of opium from which the narcotic and convulsive elements have been removed, rend-

ering it a safe remedy for children, as well as for those of mature age. Up to a year ago I always gave chlorodyne tablets and viburnum for after-pains. Then I came across a case that refused to yield to them in the time I was accustomed to have them do so, and I concluded to try Papine. Its results, to make the story short, were such that I now never give anything else for after-pains, and they yield in about half the time that was required with the above-named remedies.—[Medical Summary.

A Report of Two Cases of Septicæmia, Successfully Treated with H₂ O₂ Medicinal.

BY R. J. MELVILLE, M. D., BAKERSFIELD, VT.

CASE I.—Feb, 6, 1894, was called to see Homer B., aged 14, who had been ill with a swelling in right groin for three weeks. Had been treated with hot applications, etc., but during that time abscess continued to grow, and at the time that I first saw him fluctuation could easily be made out. Temperature 102.5°F. Pulse 120. Great emaciation. Constant vomiting. Daily chills followed by copious vomiting, denoting pus absorption. Diagnosed appendicular abscess and advised operation. This was done same day under local anesthesia.

Much pus escaped, and several small portions of fecal matter, denoting an opening into the gut.

Temperature remained high, and sweats continued for three days following operation, indicating the presence of pus. I then began the use of Marchand's H₂ O₂ medicinal, (15 vol.) so as to destroy the pus and morbid element which were still there. I injected 4 oz. of H₂ O₂ with a glass syringe slowly, while patient was in the Trendelenberg position, and allowed it to remain about fifteen minutes. The boy was then lowered and laid upon his right side, when large quantities of pus, broken down tissue and gas flowed from wound. By gentle compression and massage of abdomen, much more was obtained. Large quantities of sterilized gauze were packed over the opening in right side.

The flushing out with H₂ O₂ etc., was repeated every twelve hours.

The improvement was prompt. Temperature reached normal, and remained so after 48 hours. Wound was now washed out with H₂ O₂ daily for four weeks, after which time the abdominal wound and foecal fistula were entirely healed. Patient has since developed into a full-grown laboring man, and has had no hernia nor any outward symptoms of his severe illness.

CASE II.—March 2, 1897, was called to see George T., a farmer, aged 38 years, who had been in the care of a Christian Scientist for four

weeks for a large swelling in right side. The treatment consisted in endeavoring to persuade the man that he was not ill, and insisting that he take active exercise. Found patient in recumbent position with knees flexed upon abdomen, and suffering intense pain over right side of abdomen, which was filled with a soft fluctuating mass. Temperature 103.8F. Pulse 130. Opened abdomen under local anesthesia and evacuated three quarts of foul smelling pus.

Used 4 oz. H₂ O₂ full strength, slightly warmed, after pus had ceased to flow, and repeated procedure every twelve hours. This caused cessation of all untoward symptoms for eight days, when chills and fever returned. Another swelling was then noticed in right lumbar region, which, upon opening, gave one quart of pus. Flushed this second abscess in same way. The temperature soon reached normal, and patient made an uneventful recovery with exception of swelling of inguinal glands in left groin, which yielded in three days to hot fomentations.

For conclusion I might say, that in the above cases I used no medicines internally, and nothing externally but clean linen, plain gauze and H₂ O₂ (Marchand's). The operations performed were simply opening abscesses, no drainage tubes, no flushing with salt solution or water, and no packing of abscesses. Though I used the H₂ O₂ in large quantities, and made no especial effort to see that all the solution returned, and thought it was used over a period of several weeks, no untoward symptoms developed from its use.

The above gratifying results induced me to use Hydrozone (which yields 30 times its own volume of nascent oxygen instead of 15 volumes) in other cases where a large amount of pus was present, with such good results that I am now giving the preference to this very strong solution.

THE AMERICAN MEDICAL JOURNAL.

Vol. XXXI.

JUNE, 1903.

No. 6.

ORIGINAL COMMUNICATIONS.

THERAPEUTIC HINTS.

BY SAMUEL J. SMITH, M. D.

Acid Picric, 3 grain suppositories in leucorrhœa and gonorrhœa of the female; skin diseases accompanied by pruritis.

Acetozone (Benzol Acetyl Peroxide) has been very favorably spoken of given in two-grain doses every six hours in typhoid fever. An aqueous solution of the strength of twenty grains to the quart of water and pack the vagina so as to distend the ruga will cure gonorrhœa speedily. May be used as an injection of the same strength in specific urethritis of the male.

Æsculus Glabra tincture of, half a drachm, celerina, eight ounces. Mix. Give one teaspoonful every two to three hours in "shaking palsy"

Arsenicum Iodidum. $\mathcal{R}$ Iodide of arsenic, one grain; ext. belladonna, valerate of morphia, of each eight grains; pulv. ext. gentian, five grains; fluid ext. aconite, five drops. Mix. Make into sixty pills. One to three in twenty-four hours. For migraine neuralgia, sciatica. (Geo. Count, M. D.) "Brown-Sequard & Gross' pills are nowhere compared to this."

Anemopsis Californica. Dr. J. A. Munk recommends this locally and internally for colds, catarrh, sore throat,

bronchial and pulmonary diseases. One to two drachms of the tincture added to four ounces of water and used as a nasal spray with atomizer mixed in the above proportions. It may be given internally in teaspoonful doses every three or four hours. Dr. S. H. Boynton uses it in syphilis in doses of three to ten drops three or four times a day, applying it locally to any sores.

Calcaria Carb. Add ten grains of 1x trituration to eight ounces of water and give one teaspoonful every fifteen minutes in severe pains of renal colic. Then every hour and later every three hours.

Calcium Chloride. One dram every two hours for two doses, then half a drachm every two hours for six doses, then three times a day to check hemorrhage. Discontinue after four days. It may be given a few days previous to surgical operations.

Camphor. Ten drops in a tablespoonful of water is said will break up a cold.

Cantharides. One dram to syrup hypophosphite four ounces. Mix. One teaspoonful in water after eating and at bed time for lack of sexual power.

Celery. Celerina is said to be composed of fluid extract of celery one ounce, fluid extract of erythroxylon coca, one ounce, fluid extract of viburnum prunifol., one ounce, fluid extract of kola, one ounce, alcohol, two ounces, sugar, two troy ounces, spirits orange two drachms, water to make sixteen ounces.

Dermatol (subgalate of bismuth.) In diarrhoeas it is recommended to give a dose of castor oil and follow with dermatol in doses of fifteen to thirty grains every three hours.

Echinacea. It has been recommended to inject five to fifteen drops of diluted echafolta to cure goiters and exophthalmic goiter. Bites of any insects, bee stings, etc., are relieved with full strength applications. Use internally and locally in erysipelas.

Ether, one fluid ounce, ammonia carbonate, one dram, acid boric, twenty grains, aqua, two ounces. Mix. Apply twice a day for comedones.

Fel. Bovis (ox gall). In flatulency and in the permanent cure of a disposition to the accumulation of flatus in the bowels it is very valuable given ten grains two or three times a day.

Ferri Chloridi. Minims one hundred and eighty, colorless hydrastis, two drams, glycerine, aqua, of each two ounces. Mix. One teaspoonful at night for old men when they have to get up often at night to urinate.

"Kino. $\mathcal{R}$ Gum kino, five ounces, cornus florida flor., one pound. Grind the latter and mix well with former, moisten with a menstruum composed of deodorized alcohol two pints, water six pints; pack in percolator and cover with the menstrum, let remain three days, then allow four pints to drain off, set aside. Cover with the menstrum and let remain twenty four hours, then run off four pints more, to this add eight pounds of granulated sugar and bring to the boiling point to form a syrup. Add to this the first portion run off and mix thoroughly. When nearly cold add one dram of oil gautheria cut in one ounce of 95 per cent. alcohol. Dose is one teaspoonful three or four times a day. It will cure leucorrhoea and prolapsus uteri where the organ is otherwise in a normal position. In obstinate cases of leucorrhoea, $\mathcal{R}$ Acidi carbolici crystals one ounce, glycerina puræ, six ounces. Mix. Of this mixture add forty drops to a half a pint of water and inject two ounces of this into the vagina at bed time.

For over twenty years I have used it in hundreds of cases. I want no better remedy."—DR. D. E. SMITH, Brooklyn, N. Y.

Lanoline. For dandruff and falling out of the hair wash the head once a week with lanoline soap. After drying thor-

oughly apply a little lanoline pomade, rubbing it in thoroughly.

Menthol three parts, salol four parts, olive oil four parts, lanoline one hundred parts. Mix. Apply twice a day to cure chapped hands.

Menthol one grain, salol ten grains, oil gaultheria one ounce. Mix. Apply to relieve pruritis.

Muirapnama is said to be the best aphrodisiac known.

Niccolli Sulphas twenty grains, simple syrup two ounces, water four ounces. Mix. One teaspoonful every two or three hours is almost a specific for sick headache. (Dr. Wm. Jones.)

Nivarin is meeting with favor among dentists in extracting teeth. Use a three to five per cent. solution, waiting five to eight minutes after injecting. "In a glass tube that has previously been thoroughly cleansed with boiling water. I put fifty drops of water and boil over a spirit lamp; I then add two grains of nivarin and bring to the boiling point. It is then ready for use, and I should not hesitate to use all the solution if necessary. After injecting I wait about eight minutes and find when I follow the above routine no pain is experience to speak of."

Orthoform. $\mathcal{R}$ Orthoform, phenol chrystalized of each one part, camphor and chloral, of each four parts. Mix. For toothache cleanse the cavity and apply on cotton. A saturated solution of orthoform in alcohol, applied to the nipples in fissured nipples for ten minutes will relieve the pain of nursing.

Resorcin. $\mathcal{R}$ Resorcin, salicylic acid, lactic acid, of each two parts, flexible collodion twenty parts. Mix. Apply daily for five days for corns.

Sanicula 3x, one or two drops three times a day for sweating feet.

Sulphur lac. one dram, camphor, tragecanth, of each ten grains, rose water four ounces. Mix. Apply at night

and let it remain on all night. Apply again in the morning and wash off before going out, for red nose.

Sumbal. A nervous stimulant resembling valerian in its therapeutic indications but less disagreeable and more powerful. Superior to opium in calming delirium. In epilepsy give one teaspoonful every three hours of $\mathcal{R}$ Fl. ext. sumbal four ounces, potassa bromide half an ounce, soda bromide two drams, Fowler's solution arsenic two drams. Mix.

Tella Aranea. Aranea Diadema. Prostatic chilliness that is periodic.

Thymol. $\mathcal{R}$ Thymol, salicylic acid, of each one and a half drams, alcohol eight ounces, glycerine two ounces, water six ounces, oil wintergreen fifteen drops. Mix. Makes a clear liquid, said to be very much like "listerine." Sponge the patient who has scarlatina or rubeola with this will remove odor, itching and contagion. One teaspoonful after eating onions will destroy the odor.

Turpentine. Fifteen drops of turpentine on sugar every four hours for winter cough. A bad cough more or less paroxysmal, torpid liver. with irregularity of the bowels along with increased or diminished expectoration are indications for terebenæ.

$\mathcal{R}$ Syrup Rhei two ounces, spirits turpentine half an ounce. Mix. Shake well and take one-third every two hours will remove tape-worm.

Ulmus Fulva. Take three tablespoonfuls of powdered slippery elm and make a thick emulsion with cold water and then add three pints of boiling water stirring it well, strain without pressing the powder out through the cloth, using a cloth free from lint. Inject all you want of this as hot as can be borne into the bowels in tympanitic conditions, regardless of whether diarrhoea or constipation is present. In cases where one has accidentally swallowed some metallic body or other hard substance that is liable to injure the in-

testine if they will chew all the elm bark, the fresher the better, and swallow it that they can during two or three hours it will materially lessen the chances of the foreign bodies producing injury.

WHO SHOULD PRACTICE MEDICINE?

BY OVID S. LAWS, M. D.

Ladies and Gentlemen:

As I have been honored with a place on the program in the department of "Practice of Medicine," I will talk to you briefly upon the question: who should practice medicine?

As the word medicine means a remedial agent, the practice of medicine means the proper use or application of remedial agents.

In this "land of the free and home of the brave," it would be natural to think that anybody that has a remedy should be at liberty to apply it to those in need of it, if desired by the afflicted one. Such was the case in the olden time. But those days of liberty and simplicity have passed, whether for the better or worse is a question upon which even great men are liable to differ.

But the best interests of society demands that certain persons shall devote their lives to medical matters for the public welfare; that they shall be persons that can be trusted and relied upon in their line of work.

It is important that such persons shall be cultured in addition to a natural endowment of common sense, and benevolence. That they should be investigators, ready to "seize upon truth wherever found," regardless of its origin. In order that they, and others, may know that they have proper requirements, schools are necessary for systematic training, and enlargement of knowledge.

Written for the State Eclectic Medical Society of California.

Of course you will say that a graduate from one of these state chartered schools should be allowed to use his skill if the afflicted desire it, provided it is your school. Yes, and I will say of any school that has the sanction of the will of the people in the form of a state charter. If the school fulfills its pledge to the state, the product of that school should not be meddled with by state boards. If the school fails to send forth the refined material, let the board get after the school and bring it up to the proper standard, or report its defects to the proper tribunal.

It is simply an infernal outrage upon a young man or woman, after their years of time, toil, and money are gone, to be met on the threshold of their "alma mater" with parchment in hand, and told that it amounts to nothing more than to signify that he or she has been attending here. "Simply that and nothing more." It is enough to blight the heart and life of those sensitive persons, who make the most efficient physicians, and to arouse the demon of hatred and lawlessness in those who are inclined in that direction. Yes, I repeat, it is an outrage and must be revoked. Make the school right and the product will be right.

Then I conclude that all who are graduated from a medical school that is sanctioned by the people, in the form of a state charter, have a right to practice the healing art provided people desire their services, whether it be with drugs in big doses or in small doses, or by bone twisting, or Galvanism. Most assuredly the patient or his friends is at liberty to decide that matter.

It is a sad fact that a few of those that pass through the schools with credit, prove to be dangerous members of society, and should have gone into the slaughter house where their thirst for blood, and disregard for life, could be satiated with other than human victims. Every community is liable to be cursed with one of this class, and right here is where the people need protection and these are the ones that

should not be allowed to practice. Instead of trying to protect one school against the encroachments of another, all should combine to eliminate from the medical profession all those who show a reckless disregard for morality and human life. Whose victims often become outcasts and fiends from habits that he has deliberately formed in them. Here is the place for state and county boards to begin the work of protection.

I estimate that at least ten per cent. of those engaged in the practice of medicine are a calamity to the community, and cause more disease and death than all the so-called contagious diseases together. Yet they go unmolested, honored, and often paid by the state, whilst we imprison a harmless old gent who poses as a "Magnetic Healer."

This is my way of thinking, and way of telling it.

What thinkest thou?

THE LADIES' AUXILIARY OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

The Ladies' Auxiliary of the National Eclectic Medical Association extends to the wives and mothers, sisters and daughters of all members of the National Eclectic Medical Association, an invitation to meet with them at Indianapolis, June 9th, 10th and 11th (during the sessions of the National Eclectic Medical Association) and promises them a pleasant time.

An informal reception will be held at the headquarters of the Association on the evening of June 9th, and all ladies attending with members of that body will be welcome guests.

They will be greeted by members of the Ladies' Auxiliary, so none need "feel themselves to be going among strangers."

Fraternally yours,

The Ladies' Auxiliary of the National Eclectic Medical Association.

MRS. W. E. KINNETT, President.
E. H. RICHARDSON, M. D., Secretary.

THE ALIMENTARY CANAL.

BY G. M. WILLIAMS, M. D.

Beginning with the stomach, while it is generally considered a separate organ, I will class it with the remainder of the canal. Being a receptacle in health to retain food until a definite chemical change has taken place has made it also the subject of use as a receptacle for medicine during sickness; as a receptacle for medicines it has received the greatest abuse imaginable.

When considered in the light of science the alimentary canal is most wonderfully adjusted to carry to a definite result the digestion of foods that are wholly dissimilar. But this, it must be remembered, is a result of normal action, or health action, not a physiological result reached during sickness or alimentary derangements.

The study of the anatomy and physiology must in part be omitted in this article; I will speak only of the sympathetic nicety with which its functions are performed, with the tendency always of reaching a definite result. This influenced to a great extent through the action of the sympathetic system as by the physiological action of the various sections of the alimentary canal itself.

I doubt if digestion would be one-half as perfect were it not for the relation that various parts of the alimentary canal bear to each other through nerve sympathy. By this they are enabled to perform the work necessary for the reduction of food at the proper time before the food undergoes atomic change through fermentation.

It has been supposed in years past that the alimentary canal was capable of digesting foods in health fit for nutrition for the various exhausted tissues of the body. But science has of late years demonstrated to the contrary; in the most thorough alimentary digestion it is not only unfit for

tissue nutrition but that it is absolutely poisonous. It is a well known fact that much of the food eaten contains alkaloïds poisonous in their nature. These poisonous products are not separated and retained in the alimentary canal and carried out of the body; but they are mixed with the other substances and taken up and reach the circulation through the portal vein. Blood extracted from this vein from the lower animals by means of an aspirator shortly after they have been fed on stale food and thrown into a vein where it is carried to the general circulation produce poisonous symptoms at once. This shows beyond doubt that the liver is the final organ of digestion and elimination, and that the liver is by no means the least in importance of the digestive organs.

But its power can be over-worked and exhausted by crowding the stomach and other parts of the alimentary canal and forcing them to send their work off half prepared for the next organ. This will cause a chemical change. This makes a depressing influence upon the sympathetic nerves and the liver is controlled to a great extent by them and the general condition of the body.

If the system is below par or actually sick, the alimentary canal, liver and kidneys acting in sympathy with each other through the sympathetic nervous system, and while these organs perform their functions with mathematical nicety in health they are unable to do so during sickness. When an individual is sick the digestive organs usually become the storm center of derangement. The food will then be carried into the circulation unprepared to rebuild the worn-out tissues; and many times they are held in the alimentary canal until they undergo fermentation. Now, if these substances be allowed to pass into the circulation they will excite the heart and derange the kidneys, producing fever and many other disorders.

Great care should be taken to give the system as a

whole plenty of rest. As the appetite is usually weakened food should be selected that would give the digestive organs the least work.

The stomach of all organs should never be abused during sickness. I pity the stomach of the individual that is sick and the doctor is forcing medicine into it that we know will make a well man sick, and I also have my opinion of the doctor's judgment of the sick.

It has become quite fashionable in modern practice for patients to die of complication instead of the disease. This is easy to be understood when we look at the record of diseases that has been studied for more than 2000 years, but when we speak of disease we mean wrong life in the sick individual.

It is not only foolishness to give medicine to the sick that will depress them but it is very dangerous. We should always give medicines that will support and strengthen the part affected.

Oppression of the stomach and excessive discharge from the bowels weakens the patient faster than anything else. There is nothing which so protects a patient's strength as to keep the stomach and alimentary canal from derangement.

I have left out many valuable things but my article is growing too lengthy. I only write this to get our profession to take it up and teach us more perfectly upon these matters. Will some one give us more light along this line?

May the editor of this Journal live long and give us the sincere milk of the word that we may grow thereby.

Here lies the form of Ezra Hurst,

An Indian cut his hair,—

Cut his hair off, bottom first—

'Twas more than Ez could bare.

—Puck.

NATIONAL ECLECTIC MEDICAL ASSOCIATION.

For two years the vital importance of organization has been urged upon every Eclectic physician. There has been an almost universal response from every locality. The necessity for a compact organization and a perfect co-operation is acknowledged from every quarter. As a result, many local societies are forming, the state societies are being materially strengthened, and the individuals in every locality, however isolated, are taking a greatly renewed interest in Eclecticism and are resolved to exercise a stronger personal interest in its advancement and consolidation.

The work appeals strongly to every reader of this journal. The personal responsibility upon every man who loves the cause and depends upon it for his success is a great one and must be borne. This has been brought to the attention of the State societies very successfully by the Secretaries of each Society, each of whom is the representative of the National Association in this important work.

We have now come to the time of the *Annual Meeting* of the *National Association*. The plans have been arranged very carefully with full attention to the minutest detail. Indianapolis, Indiana, is a central point, as accessible as Chicago, and possessing every possible facility, advantage, and attraction. The responses that have been made to our appeals to be present, and to participate, have been so unusually prompt and cordial that we are assured that *The National will hold this year the most largely attended and most successful meeting in its entire history*. The programme has been arranged with unusual care, and there is being prepared a most excellent array of papers in every department. The *Departments of Medicine* and *Surgery* are very full. The gentlemen who were early placed in charge of these departments have entered into the work with an energy and zeal commensurate

with the importance and responsibility of the work and have been most abundantly rewarded. All who have worked have worked well and have been well repaid. Every possible attraction, intellectual and social, is being furnished, and it is hoped that there will be a very large general attendance.

We desire to make this an *Eclectic reunion* this year. Every physician, whether a member of the National Association or not, is *urged* to be present. The benefit and enjoyment will repay you for the sacrifice a hundred-fold and your presence will add zest, encouragement and attractiveness to the occasion. We urge upon every Eclectic to lay aside his work on the 9th, 10th and 11th of June and be with us at Indianapolis in this reunion. We shall depend especially upon the *Eclectics* of the *Middle Western States* to a man, to be with us and assist us on this occasion.

J. D. McCANN, M. D., *President*.

FINLEY ELLINGWOOD, M. D., *Recording Secretary*.

SPECIFIC MEDICATION.*

BY W. L. LEISTER, M. D., ROGERS, ARK.

On receipt of program and announcement for this the 23rd annual meeting of the Arkansas Eclectic Medical Association, I learned that I had been assigned to furnish a paper on the subject of Specific Medication.

If there was one department of medicine more than another on which my mind engaged in the years gone by since the first tangible presentation of the doctrine in 1869, that one department was, Specific Medication. I have never

*Read before the 23rd annual meeting of the Arkansas Eclectic Medical Association, Little Rock, April 15th, 1903.

bothered over the question of who may have been first or foremost in discovering and evolving the doctrine. It may be stated, however, and with no fear of successful contradiction, that the American born doctrine was conceived in the womb of Eclecticism, nurtured at her breast and has arrived to full grown manhood under her watchful care and guidance.

Nor is Eclecticism ashamed of her progeny, albeit he has not silenced adverse criticism. After two thousand years the plan of man's salvation as perfected by Jesus Christ is still rejected by the majority of the children of the earth; yet that fact does not lessen one whit the truthfulness of "the story of the cross," or its consequence to fallen man. If the doctrine of and practice of specific medication has not won over the majority of medical men, it has outstripped all competitors in the race for popular favor among those who prefer a philosophy of medicine as against blind empiricism.

After all these years of study and of practice, I do not know that I can add a new truth to the generally received complement of knowledge upon this subject. And if a late prophesy of the electric wizard, Thomas A. Edison, might come to pass, we would have scant need to bother our minds further with study along the line of specific medication. In an interview some time back he predicted that a few years more would see the last of physic; but that all ailments of man would be plied only with knife or electricity. The old Book still revered by the piously inclined goes on just the same declaring that "the leaves of the trees are given for the healing of the nations.

Two points are essential in making a successful issue in favor of specific medication: First, that lesions pathologic must be uniform in character and progress; second, that an agency which will oppose such definite character must do so uniformly. To put it in another way: If congestion with inflammation of brain at its base reflects outwardly the fol-

lowing symptoms; high temperature, delirium, all facial features flushed to brightness, I say that if these outward manifestations appear in a case of hyperæmia of base of brain in this man's case, they must appear in every other case where in the basic lesion is the same. If some one agent, or a combination of agents, being applied in this case, so oppose the basic lesion that it assuage or resolute, it is most reasonable to assume that it or they will bring about the same result in every like case, seeing physiology is uniform. To go a step further: Assuming that a certain agent opposes a definite pathological phase—say inflammation characterized by great nervous excitation, etc.—is it reasonable to contend that whether such inflammation be of the brain, spinal cord, lung, liver, stomach or even a solid organ, if the agent, will oppose any one or all in turn as strenuously?

The advocates of the doctrine of specific medication make this very proposition the basis of their contention. That is to say, that if an agent inclines to combat, or do actually oppose successfully an inflammation or whatever the character of the lesion, in one organ, it will just as successfully oppose a lesion manifesting like general and special characteristics in any other organ of the body. Hence, an Eclectic physician would give (to illustrate by naming an agent) *veratrum viride* in a case showing rapid pulse, full and bounding with temperature, whether a pronouncement make that case pneumonia, typhoid, flux, sore eyes or toothache. Upon this hypothesis, Eclectic physicians have been practicing the last third of a century, and while not to their entire satisfaction, the system has yielded greater results in the alleviation of the sick than any other previously devised, or present plan in vogue by any other system of medicine.

When by the application of the practice of specific medication we can positively arrest advancing phthisis or eradicate the blight when under headway; when we can say to

the man with cancer that we possess remedies for the various phases of this relentless disease; when in knowledge of remedies which when applied to the diphtheritic germ will kill the same without jeopardizing the life of the patient or entailing injury, then we shall consider ourselves out in the broad sunlight of the medical millenium's morn. Until, with specific medication, or with any other vogue, we may be able to promise relief in certain disease manifestations which up to now we admit a five or ten or fifteen per cent. mortality, as delvers after the very best that medical investigation may yield, we will not be satisfied.

The controllment of some of these, and maybe all the graver diseases named, may come by a perfected system of hygiene and sanitation, along with a deeper knowledge of the virtues and therapeutic action of our vegetable remedies. We are on the threshold only of the possibilities therapeutic of even the one—the vegetable kingdom. Only a few, a very few of our vegetable agencies remedial have been assayed. Out of the thousands given by a bountiful and most beneficent Creator, we are using a hundred or two only, and do not know the range or therapeutic value of one-half this number. It need not be referred by what has been said that Eclectics eschew all agencies remedial save the vegetables; although it is fair to say that a predilection in their favor—the vegetable remedies—obtains, other things being equal. Eclectic physicians are working hard and faithfully in the direction of how best to apply the accurately prepared and beautifully formed remedies presented us by our faithful pharmacists. Eclectics must continue in the lead in this grand work in behalf of suffering humanity. Others are taken up more with the study of germs and serum antidotes which I am not one to condemn. Let us have all the light possible which analytic and synthetic and microscopic investigation may yield, but as was said, we are in

the lead in the matter of the study of fitting vegetable and mineral and electrical agencies to certain definite pathological processes. Therefore, it behooves us as vanguardsmen in the warfare for a better practice of medicine, to be ever alert and ever faithful to the trust we have committed to us. Having espoused the cause of liberal medicine, we will carry aloft the banner upon which is emblazoned in letters that the whole world may read: Eclecticism! Choose the best; hold fast the good. Lover of liberty and liberalism. Opposer of ostracism. Pleader for the highest medical and surgical requirements. Not puffed up with self-conceit, but a lover and doer of the sacred injunction: Do unto to others as ye would that they should do to you.

If one turn away from you upon the pretext that he is regular and that you be irregular, do not resent. He does not square his life by the Golden Rule. He is underinformed. You are as regular as legislative enactment can bestow. Your college was as duly chartered as his. Your curriculum was as extensive. Your grade as high and with all your undeviating requirements, a full four year's course, may exceed his by a year or two.

So, in conclusion, hooray for Eclecticism and for its legitimate progeny, specific medication!

NOTES.

Modern medicine has resolved into only two departments:

First, how to keep germs out of the body; secondly, how to deal with them when they have invaded and contaminated the body.

As to the first, Science is impressing upon the public the great importance of private and public sanitation. States and Cities all over the world are making organized effort

with varying degrees of thoroughness to deal with the problems of infection in the light of latest discovery.

Fifty years ago preventive medicine was scarcely known. To-day it represents a long list of accepted principles. It has cleaned the streets of cities and built our modern habitations. It has purified our food and drinking water. It has entired our domicils and destroyed the germs of contagion; it has saved thousands from infection and prolonged the lives of millions.

In the second the whole medical profession is seeking in the most direct way how to overcome the ravages of the disease producing germ. All turns to specific medication as the most successful. It is now quinine and arsenic for the germs of periodicity; it is phenol codine and the bichloride for the strepto and slaphylo coccus pyogenus; it is mercury and kali iodidum as specific for the germs of syphilis. It is the specific sedatives for the specific forms of fever. First it was a mosological generalization remedy, now it has become the "indicated remedy" for the indication of disease. The whole of medicine seeks to leave its empirical path and enter upon the more specific and scientific basis.

Every individual carries with him, from the cradle to the grave, his physiological signature or autograph. Marks by which he might be identified without doubt or question. This autograph cannot be counterfeited nor disguised; neither does it become defaced by wear or the mutations of time. It may be seen in the delicate corrugations or lines upon the tips or balls of the fingers; a piece of putty will give the imprint of the dainty curves that will appear like the borders of lake and sea upon our maps. Here you will see circles and curves, arches and whore, then differing from all others. So it must be with an individual life. Every one has to inscribe in his life's history his physiological autograph.

YOUNKIN.

RATIONAL MALARIA!

BY W. H. GOAD, M. D.

I have been riding my mule for the past ten years in Arkansaw and Swamp East Missouri to a successful practice, (I toot my own horn), reading and searching for miasmatic germs and studying their causes and effects on the human system and come to the conclusion that the whole is a misnomer.

That malarial poisons are found in low, damp countries or localities is an accepted fact and I account for it on this rational plane of thought.

Now in the hot summer months when its very dry or very wet the entire summer, we have fair health, but when we have it hot with occasional showers we have hot days and cold nights then is when we have the so-called malaria.

Now with the intense heat of the day our skin is relaxed and the pores open to be followed forthwith by a cold night, especially in the after part when we awake to find ourselves thoroughly chilled. Now in those low damp districts you will when the rays of old Sol has left this terra-firma sufficiently long enough for dampness to rise and you have cooled enough to go to sleep, the next thing you are aware of you are nearly frozen; this occurs about 4 a. m.

Now if you will look for a minute you will see that you have been exposed to a periodic relaxation and contraction of the capillaries, the system being subjected to this periodic extreme becomes perverted, the glands absorb the end products and perverted material, and if allowed to have sufficient rest will throw it off, but if it is still subjected to the same periodic abuses will assume a periodic disease similar to the periodic exposure, heat and cold, chill and fever.

Now you can go on and search for your germs of ma-

laria, your female mosquitoes, etc., but I expect to base my practice on a rational foundation.

P. S.—Have just received a note from a lady who requests me to send her enough ipecac to “throw-up a two-year-old baby.” How much must I send the woman?

[We know men who can calculate the “raising power” of dynamite and powder but we know of no one who has figured out the throwing-up power of ipecac. But that it possesses the power to make a fellow “throw-up” we can certify from our experience when a small boy. Yes, we draw the line at ipecac and castor oil. We are looking for some one who can answer Dr. Goad’s question.—ED.]

THE SHEPARD-MCMILLEN SANITARIA.

BY JOHN URI LLOYD.

These institutions are too well known to require an introduction from anyone. Dr. Shepard has been a feature in the sanitarium work for fifty years, and has built up a widely known institution in nervous and chronic diseases. Located in the Central West, a suburb of the beautiful city of Columbus, Ohio, accessible from every direction by rail and trolley cars, these two institutions stand ready to serve whosoever needs good care and attention in the field they cover. This writer has reason to appreciate the value they especially offer to one needing perfect rest and home-like surroundings together with the attention that comes from kindly medical care and watchfulness, not because of his own experience but that of others near to him.

The buildings are located in a beautiful grove; are home-like, shady, quiet and the surroundings all that could be asked. This refers to the Shepard Sanitarium proper, which has a capacity of thirty to thirty-five patients or even forty when crowded.

Some years ago Dr. Shepard associated with himself

Prof. Bishop McMillen, M. D., his object being to establish a department for mental diseases, with capacity for twenty patients. With this object, all patients having diseases with mental complication, whether sane or insane, including the alcoholic or morphine habits, were turned over to Dr. McMillen, who as is well known, has made a special study in these directions. The result was more than could have been anticipated, for not only did the original Shepard Sanitarium thrive and flourish, but in addition thereto the new Sanitarium conducted by Dr. McMillen came into prominence to such an extent as to require new buildings expressly for this purpose.

Recently, Shepard's Sanitarium has been separated into two distinct institutions, working in harmony with each other. One of these, the Shepard Sanitarium, where attention is given direct to patients needing rest, care and such relaxation as comes through pleasant surroundings; the other, the McMillen Sanitarium, in which as has been stated, full attention and study are made of mental complications, the treatment being arranged in accordance therewith. These Sanitariums are located in the village of Shepard, a square distance from each other and work in harmony. To this we can add that they are both Eclectic in practice, Eclectic in principle, and the attending physicians are graduates of the Eclectic school in medicine.

THE PASSING OF THE URETHRAL CATHETER.

BY G. M. CUSHING, M. D.

There seems to be a growing tendency on the part of surgeons who prepare papers for societies and for the medical press to consider subjects which, while interesting and instructive to themselves fail to arouse the interest that is due them in the mind of the general practitioner in whose practice they so infrequently occur.

With this fact in view, I am moved to a consideration of the operation most frequently performed by all members of the medical profession, regardless of whether they be physicians or surgeons.

An operation which is almost always simple, yet imperative, that is accompanied by little or no pain and followed by immediate relief and which may yet result in as annoying and dangerous symptoms as some of the operations of greater importance.

I refer to the passing of the urethral catheter. The indications for the use of this instrument are so familiar to all that they need not be mentioned here, and I shall confine my remarks almost entirely to the technique of the operation and will endeavor to show the importance of as careful a preparation for this as for operations of greater moment.

The first precaution should rest in the care of the instrument. This depends somewhat upon the kind of instrument used. If it be made of glass or metal or soft rubber, it may be boiled with impunity. If it be made of silk it may be sterilized by boiling for two minutes in a neutral solution of ammonium sulphate without injury to its substance.

Every catheter should be boiled and placed in an antiseptic solution for a short time at least before using. The boiling may take place immediately after the use of the catheter, which is then placed in a five per cent. carbolic acid solution until again needed or it may be washed and dried thoroughly and laid away in a clean place until just before it is needed and then boiled and placed in the hand solution to be used at the time of the operation.

The gum, silk and metal catheters should be tested before they are boiled by allowing water to run through them to be sure that no blood clots, mucus or plugs of vaseline are obstructing them. The transparency of the glass catheter will render this unnecessary.

Extreme care should be taken with all catheters to prevent their surfaces from becoming roughened. If this should occur the instrument should be discarded and a new one employed. In my opinion much of the harm resulting from catheterization is due to the promiscuous use of roughened catheters that have not been sufficiently sterilized.

When the instrument has been selected and boiled it should be placed by the aid of sterilized forceps into a solution of bichloride of mercury 1-2000 or a five per cent. solution of carbolic acid which will also serve as a hand solution for the operator.

After the nails have been carefully cleaned the hands of the operator should be scrubbed with soap and water for five or ten minutes (this can be done while the instrument is boiling) and then immersed in the hand solution.

The field of operation is now to be prepared and its preparation should consist, first, in carefully washing with soap and water to be followed by thorough rinsing with some of the hand solution. After this is done, the field should be covered with towels that were previously sterilized or that have been wrung out of the hand solution. This will prevent the contamination of the instrument during the operation, since it cannot come in contact with anything that is not sterile.

The meatus urinarius should now be cleansed as far in as possible by a small amount of the hand solution wrung from a small piece of cotton or gauze and the catheter may be passed. Before introduction into the urethra the catheter should be well lubricated with some aseptic lubricant. For this purpose I prefer either sterilized or carbolized vaseline.

Care should be taken in applying the lubricant not to plug the eye of the catheter and thus interfere with the passage of fluids through it. The introduction should be made

slowly and little if any force should be used. Especially should this precaution be observed if the metal catheter is employed.

If the urethra is so sensitive that the introduction of the instrument is unbearable a sterilized two per cent. solution of cocaine may be injected from a sterile syringe or medicine dropper and retained for a few moments before the operation is begun. This will allay all pain and render the passing of the instrument much easier for the operator and a great deal more comfortable to the patient.

So much, then, for the technique. What, then, of the prognosis? This, I am pleased to say, is almost always good and uncomplicated, and while the exceptions to this rule are few they are much too frequent, since they could in almost every instance be avoided if the proper precautions were observed.

The fact that there are not more bad results from this operation is due more, I believe, to the resisting power of the patient, than to the care exercised by the majority of operators. It is surprising that more cases of cystitis, urethritis, prostatitis and prostatic abscess are not met with from this cause, when we consider how almost criminally careless some physicians are in the performance of this duty.

The time has passed when it was considered proper for the doctor to take the same catheter from his grip that he had used on dozens of other cases, rinse it in a little warm water if there was any at hand and let it go without if there was not, apply a little vaseline or soap suds and without washing his hands or preparing the field of operation introduce it into the bladder with apparently no regard for the patient, draw off the urine, withdraw the catheter, rinse it in a little water, wipe it, throw it into his grip and be gone. And although this sort of treatment is unscientific in the light of our present knowledge of bacteriology

and dangerous to a high degree, it is practiced much more extensively than one who had not investigated might suppose.

The dangers from the use of the catheter are twofold, namely, laceration of the mucous lining of the urethra and infection, and since such procedures as the one just referred to predispose to both they are never justifiable, in fact are criminal. The fact that many of the cases catheterized in this manner do not have any trouble is no reason why the method should be persisted in when we have at our command another which, if properly carried out, will eliminate almost every particle of danger.

The method that I have suggested may seem like a long and too stringent one, but it is the shortest and least stringent of all that will accomplish the desired end without any danger to the patient. And in reality it does not require much more time than the older methods aside from boiling of the catheter, as all of the other things can be gotten ready while this is being done, so that no time need be lost. But suppose it does take a few more minutes of the doctor's time, is it not better and easier for him to lose a few minutes in careful preparation than subject his patient to dangers that may possibly keep him in bed for weeks with a painful cystitis or cause him to submit to the opening of a prostatic abscess that might have been avoided by spending a little more time in observing the proper precautions? I am sure that all would agree with me that it is time well spent, if they could see the sufferings that these poor victims are subjected to. I would not infer that physicians subject their patients to these dangers with malice aforethought, but it is done thoughtlessly and carelessly and resting their faith upon the fact that most cases of this kind are fortunate enough to get along without complications, they hurry away and forget what they have done, so trivial does it seem compared with many incidents of greater import in their busy lives.

And again it is amusing to note the inconsistency of some men's ideas of asepsis and antisepsis, in getting ready for an operation. They seem to think that if their hands are once sterilized no matter what they touch they cannot become contaminated, or after their instruments are boiled, no matter where they lay them, they still remain sterile. A clean newspaper or a clean towel direct from the laundry seems to satisfy them as well as would a sterile sheet or towels wrung from an antiseptic fluid.

These inconsistencies are especially shown by many physicians who try to observe the proper precautions in catheterization and yet try to do it and omit some of the little things in the process. This will never do. The small things in antiseptic surgery are just as important as the great and unless the chain of antisepsis remains unbroken, from sterilizing of the hands and boiling of the instrument to the withdrawal of the same after the operation has been completed, so much energy will have been wasted.

There is only one right way to catheterize a patient, whether male or female, and the steps of the operation may be summed up as follows:

- (1) The instrument should be thoroughly sterilized by boiling and transferred to the hand solution with sterilized forceps.
- (2) It should be absolutely smooth.
- (3) It should be lubricated with an aseptic lubricant.
- (4) It should be introduced without force.
- (5) The hands of the operator should be carefully prepared by scrubbing with soap and water and the use of a hand solution.
- (6) The field of operation should be carefully prepared and surrounded by sterile towels.
- (7) The meatus urinarius should be bathed with an antiseptic solution before the catheter is introduced.

If these precautions be observed in cases in which there

is not an existing cystitis, urethritis or prostatitis there is no possibility of producing the same, and if these do exist they cannot be made worse by this method.

It is the simplest method of catheterization that can be employed without danger to the patient, and knowing this our obligations to him never cease until we have exercised every precaution that will be conducive to his comfort and to his restoration to health.—[The Clinique.

TENNESSEE STATE ECLECTIC MEDICAL SOCIETY.

The 24th annual meeting of the Tennessee State Eclectic Medical Society convened in the Assembly Hall of the Tulane Hotel, Nashville, at 10 a. m., May 5th, 1903, with the President, J. P. Harvill, M. D., in the chair.

Professors John Uri Lloyd, of Cincinnati, N. A. Graves, of Chicago and W. M. Durham, of Atlanta, were visitors during the two days' session and were elected to honorary membership in the society.

Tuesday afternoon a barbecue was given to the visitors and members on the grounds at Glendale Park and later a trolley ride to various points of interest about the city.

The following is a list of the papers read at the meeting:

"Specific Indications," Geo. M. Hite, M. D. "Typhoid Fever," B. L. Simmons, M. D. "Malaria or Slow Fever," J. J. Allison, M. D. "Loyalty to Eclecticism," F. H. Fisk, M. D. "Effect of Electrolysis on Animal Tissues," M. M. Harvill, M. D. "Municipal Sanitation," J. A. Dickey, M. D.

Prof. Graves gave an interesting account of a case of ectopic or tubal pregnancy which occurred in his practice. The case was an interesting one from the fact that they are of rare occurrence.

The electoral committee reported the following as officers for the ensuing year:

B. L. Simmons, M.D., Granville, president; F. P. McKue, M.D., Nashville, 1st vice-pres.; J. H. Pruett, M. D., Only, 2nd vice-president; T. E. Halbert, M. D., Nashville, recording secretary; R. L. Eaton, M. D., Nashville, corresponding secretary; Geo. W. Hite, M. D., Nashville, treasurer.

The society will meet next year in Nashville at such time as the executive committee may select.

BODY AND MIND.

BY J. P. COWLES, M. D., HARTFORD, CONN.

In writing upon this subject, it is proposed to consider briefly the influence of mind through the nervous system upon the physical structure of animal life, both in health and in death.

Pathologists are generally agreed upon a common division of diseases into two classes, namely: those having their seat or origin in the nervous system comprising one class, and such as are confined to the muscular and fibrous tissues the other.

Under the first or nervous class are reckoned all diseases not of an inflammatory character, such as debility, prostration, one form of dyspepsia, sleeplessness, insanity with a host of local ailments which are the legitimate offspring of deranged nervous action; while under the second are classed all those diseases of an inflammatory character. This classification is unquestionably correct in principle; but it is our settled conviction, formed from many years of observation and close application to our profession, that the nerves play a more definite and active part in all forms of disease than is

generally conceded or considered by the physician when in active practice.

We speak of "an impoverished condition of the blood." How, we ask, can the blood become impoverished under healthy nerve-action?

Phthisis pulmonalis, commonly called consumption, is the direct result of impaired nutrition, and the nutritive forces are sustained and controlled entirely by the nerves; and we are not certain but that all diseases may be traced directly to deranged nervous action, excepting perhaps those of a traumatic nature.

It is Whittier, we think, who has said: "To those who think, life is a comedy; to those who feel, it is a tragedy." Life is certainly the mystery of mysteries. Each organ in the human structure, like the various wheels of a complicated machine, plays an important part in our existence; but upon a careful examination of all combined we are irresistibly driven to the conclusion that the nervous system, with its subtle forces, is the mainspring which controls and keeps in motion life's current. Here the life-forces centre. Here is the fountain from which they all proceed. When the nervous system is in complete order the fabric responds in the beauty of healthy action; but any disturbance of this fountain of life is sure to be followed by some one or more of the thousand ills to which mankind are subject.

We will illustrate by a few examples.

Those convulsive diseases known as hydrophobia, tetanus, epilepsy and hysteria are unmistakably under the influence of a disturbed condition of the spinal cord. In the first of these, hydrophobia, not only the spinal cord but the medulla oblongata and the ganglia of special sense are involved, showing that the poison from the rabid animal is conveyed directly to nerve-tissue, or that the nerves are immediately and usually irrecoverably involved in the lesion.

The wound producing tetanus, or lockjaw, may have

been received in the foot, a point remote from the muscles of the face. These diseases once established, the stimuli most effectual in producing convulsive movement (in the first of these at least), are those which act through the nerves of special sense; thus the sound or sight of water will induce a paroxysm, and any effort to taste it increases the severity of the convulsions.

The convulsions of hysteria may be traced, though not always, to some local irritation, or be more frequent at special periods; yet in many hysteric subjects, to witness a paroxysm in another individual is the most certain means of bringing one upon themselves. Upon what other hypothesis can we account for the fact that laughter is produced by tickling or by seeing others laugh, vomiting induced by the sight or smell of some loathsome object, a sharp appetite lost on hearing some sad news, perhaps followed, as it often is, by severe diarrhea, inflammation, fever or some form of convulsions?

Carpenter says:* "Emotion, which is most assuredly of nervous origin, does undoubtedly hinder, favor or prevent nutrition and increase, lessen or alter a secretion, in doing which there abundant reasons for believing that it acts not only by dilating or contracting the vessels through the vasomotor system as we witness in the blush of shame and the pallor of fear; but also directly on the organic elements of the part through the nerves, which as the latest researches seem to show, end in them sometimes by continuity of substance." We might add: "causing serious physical ailments." It is also true that while unpleasant emotions and impressions or other disordered conditions of the mind, may and do result seriously, those of a pleasing character will have an opposite effect, unless carried too far. Thus a lively hope or joy exerts an enlivening influence or effect upon

**Human Physiology.*

the bodily life; quiet when moderate, but if strong, evinced in the brilliancy of the eye, in the quickened pulse and respiration, and in an inclination to laugh, sing, dance, and other expressions of delight. But joy even may be carried or excited to such a degree as to prove fatal to life, as in the case of a deaf mute in California whose hearing was suddenly restored during the performance of enchanting music. The circumstances of this interesting and affecting case are related by the San Francisco News-Letter, as follow:

"MAMMA, I HEAR!

"An effecting incident occurred at the Academy of Music lately. Among the audience was a wealthy family, one of which has for years been in delicate health and was born deaf and dumb. It has been the custom of the family to take their afflicted daughter with them to the theatre, and even concerts, as she experienced acute nervous pain when left alone, and seemed to enjoy the excitement and action of even musical entertainments, although she could not hear a sound. It was observed that she seemed very much amused at the comicalities of Mr. Sol. Smith Russell, and enjoyed the changes of his facial expressions as much as any of the audience. When Signor Tagliapietra came on to sing it was noticed that a curious light came into her eyes, and stretching out her arms to her mother, she spelled on her fingers, with the greatest excitement, the words: 'Mama, I hear!' The next piece was an orchestral arrangement of *Trovatore*, played by the combination of the Berger Family and the Vienna Ladies' Orchestra. As the composition proceeded the tears flowed down the poor child's cheeks, and her excitement became so great that it was deemed prudent to leave the theatre. On reaching home the exhaustion produced by the events of the evening was such that the family physician was summoned. As she lay on her maiden couch she reached for her slate and wrote: 'Mother, I think Heaven must be music.' The next day, according to

her request, Mr. Russell was sent for and he kindly came and sang for the little sufferer his famous song relating to a goose stuffed with sage and ingins. It was too late. Death had long marked the child for his own, and she could not even smile. The little lips are cold now, and there is a vacant chair in the family circle. The joy of that one evening was too much for the delicate, nervous system, now happily at rest."

Grief or other depressing passion has the effect of relaxing the arteries, enfeebling the heart, making the eye dull, impeding digestion, and producing an inclination to weep, while a prolonged state of depression and anxiety is often an important agent in the causation of chronic disease. So, also, some sudden and extreme grief or fit of rage may so exhaust the vital resources of the nervous system as to cause immediate death. A woman who had lost all sensibility in one arm, but retained its motive power, found that she could not support her infant upon it without constantly looking at the child, and that if she removed her eyes for a moment the child would fall from her arm in spite of her knowledge that the infant was resting upon it, and of her desire to sustain it.

The loss of sensation in a leg will cause a person to fall immediately upon attempting to walk unless he looks and sees where he is stepping.

A criminal condemned to death was placed in the hands of medical men for an experiment. He was informed that he was to die by being bled from the arm. At the appointed time he was blindfolded, his arm corded and an incision made near the basilar vein, at the same time a small stream of warm water was directed upon the arm and running into a bowl so that the sense of feeling and hearing of the prisoner was so as to convey to him the impression of actual bleeding. Not half a teaspoonful of blood escaped from his arm; still he died manifesting all the symptoms of death from loss of blood. Men who have lost a leg and have replaced it

with an artificial one, have often scratched an itching artificial toe. These illustrations may not be new to many, but they serve to illustrate the power of mind over matter by some force, substance or influence acting through the nervous system.

The enquiry may be made: What is this force, substance or influence of which you speak as contained in the nervous system? We confess our inability to answer this question satisfactorily to ourselves, and cannot, therefore, hope to do so for others. We know, however, that there is an element, or a combination of elements, or substances, perhaps subtle in their nature, and that they play a very important part in the human economy, both in health and in disease; therefore their influence, whether through the medium of mind or matter, has a significant interest to the physician.

Magnetism and phosphorus are constituents of the nerves; but there must be more than these. Exhausted vitality, whether it manifests itself in the form of mild feebleness, or with such severity as to cause death, is but the waste—using up of this invisible, indefinable something.

On one occasion Christ, while in a crowd, enquired: "Who touched me, for virtue has gone out of me?" A very singular question to ask in a crowd when he was thronged on all sides, except upon the hypothesis that this "virtue" of which he spoke was a vital principle which could be parted with and was parted with by an influence peculiar to itself, and that in this case it was extracted from him in such quantity that he sensibly felt the loss. May we not reasonably suppose that this virtue of which he spoke was this same principle which we are considering? and that the person whose energies in the way of a strong desire to be healed being concentrated upon Jesus as a healer and expecting to be healed, placed herself by this concentration in such relations to Christ as to draw from him that which she

desired, while those around him produced no such effect?

Of the presence of this vital something, or life-force, we are each and all of us conscious. We know that we can and do part with it; that it can be drawn from us; that we can gather it up from others; that this exchange is sometimes very agreeable, while at other times it is quite the opposite; that there are those who draw it from us so rapidly that after being with them a short time we feel and often remark that they have sapped the life out of us; that young persons sleeping with very aged ones are so drawn upon as to cause great prostration, and if continued too long it will result in the death of the child. We feel it agreeable or otherwise in the grasp of the hand, in common greetings. Its reception from an invalid may be a source of refreshment and added strength, while that drawn from a strong, healthy person may be both disagreeable and depressing.

We once knew of a harmless insane woman, who upon her own suggestion, lay down upon the floor on her back, with a man in such a position as to bring the top of their heads together. This was repeated several times and resulted in her perfect recovery.

Energetic, powerful and earnest public speakers part rapidly with this invisible life-agent, but reinforce themselves in turn from their audience. But if a large portion of the audience are opposed to views advanced, the speaker will sensibly feel the draft without any compensatory reinforcement; unless it be some one like General B. F. Butler, who seems to thrive on opposition.

Many will remember the exciting debates in Congress during the session of 1875-6, in which the Hon. James G. Blaine took such an active part, and his subsequent prostration. This prostration was only the sequence to the immense draft made upon his vital force, which required time and rest in order that he become reinforced. Like an immense reservoir of water which has become drained, one must have time to fill up again.

A gentleman was once standing in a store at Seal Harbor, Maine. At a short distance a crew of men were engaged in blasting rocks. At one blast a piece was forced high into the air and in its return passed through the roof of the store, lodging in the cellar, its course being but a short distance in front of the man above referred to. Not a scratch or any mark of blow or bruise was made upon his person, yet he fell forward and immediately expired. In accounting for this strange event, "Science" says that the shock to the nervous system was so great that it caused death. We say that the friction from the passing rock drew so much of this nerve-force from the man as to check at once the vital currents, and he died.

During battles cannon-balls passing near persons have produced death from the same cause.

Now whatever this life-force, vitality, or ethereal something may be—notwithstanding that we may not be able to analyse or define it—we know of its existence and may learn of its power, its influence, and how to utilise it. Will it not therefore be well for us as physicians to study its workings? As men have already harnessed the lightning and made it obedient to the will, so may we not utilise this mysterious something to aid us in the relief and cure of the sick?

The discussion thus far seems to indicate unmistakably that the mind is part or separate from, but acting in consort with, these subtile agents that we have been considering.

We will not attempt to define what the mind is lest we be led into metaphysical discussion. We will therefore accept without debate the opinion universally received that the brain is a mass or congeries of nerves, and therefore the remarks which have been made concerning nerve-vitality or life-force may be applied with a double emphasis to the brain.

Do we as physicians consider sufficiently the influence that the mind may have—yea, does have over the physical

organism among those who are suffering from any form of disease? Those who have observed that whether a disease be mild or aggravating, there is a continual mental introspection with a very strong propensity to the hallucination of being troubled with the same symptoms the patients think, hear or read about; hence, unless the physician is on his guard he may with a certain class of patients be led into a fatal mistake in diagnosis.

Prof. W. A. Hammond says that every winter during his course of lectures on the nervous system and its diseases, he is consulted by the medical students who imagine themselves to be the subjects of the diseases which he has brought to their notice: [See Diseases of the Nervous System, page 37.]

A gentleman about forty years of age, unmarried, but a little sweet on the girls, was at one time attending an evening party composed of ladies and gentlemen. During some twenty years there had existed just above the roots of his nose, between the eyebrows a small hard tumor, scarcely noticeable and never thought of by himself. At this party a young and fascinating lady naively said to Mr. —: "You would be a very good-looking man if it were not for that little bunch there;" placing her finger upon it. The man went home annoyed at this slight defect. He began to feel it and look at it by the aid of a mirror, thus concentrating his mind upon the spot. It commenced to grow, becoming so much enlarged as to necessitate removal with a knife.

Did you ever know a person who was really or imaginarily in ill health and who had resorted to proprietary medicines for relief, who did not claim that every patent-medicine almanac or pamphlet described the symptoms exactly? Thus persons have in many cases created a disease for themselves, by this concentration of mind, for the removal of which they afterward seek the medicines which are advertised in these publications, and use them until some other

almanac or pamphlet comes under observation, and thus form a habit of medicine-taking which fastens itself as firmly as the tobacco or rum habit.

Here the very pertinent enquiry may be made: If well persons may and do contract disease through mental concentration or introspection, may not the subjects of disease be still more prone to augment their disabilities by dwelling upon them? On the other hand if hope can be inspired in the mind of the patient that he or she will recover, or if the mind can be concentrated on objects of interest entirely foreign to the disease from which persons are suffering, will not the influence facilitate recovery.

We once had a lady patient who obstinately remained sick about three years in spite of all that we could do. We studied earnestly and long for some means which would act through the mind to promote her recovery. Many expedients were resorted to, but all to no purpose. At length we discovered her weak side. She was exceedingly fond of pets. Cats and a dog she had, but these required no special attention. At last we made her a present of a pair of canary birds, with which she was highly delighted. These required care and attention. Not being willing to trust them to other members of the family she undertook their care herself. It was not long before the remedy had its desired effect. She was up about the house and about the place in due time. We might multiply cases of a similar character.

We are not advocates as a complete system of what is termed "the mind-cure," but most certainly there is a class of diseases that can only be reached through the medium of the mind. We will now close this discussion by a quotation from *Body and Mind*, by Henry Hussy, M. D., London.

"Perhaps we do not as physicians consider sufficiently the influence of mental states in the production of disease and their importance as symptoms, or take all the advantage which we might take of them in our efforts to cure it.

Quackery seems here to have got hold of a truth which legitimate medicine fails to appreciate and use adequately. Assuredly the most successful physician is he who, inspiring the greatest confidence in his remedies, strengthens and exalts the imagination of his patient; if he orders a few drops of peppermint-water with the confident air of curing the disease, will he not really do more sometimes for the patient than one who treats him in the most approved scientific way, but without inspiring a conviction of recovery? Ceremonies, charms, gesticulations, amulets and the like, have in all ages and among all nations been greatly esteemed and largely used in the treatment of disease; and it may be speciously presumed that they have derived their power not from any contract with the supernatural, but, as Bacon observes, by strengthening and exalting the imagination of him who uses them. Entirely ignorant as we are and probably ever shall be of the nature of mind, groping feebly for the laws of its operation, we certainly cannot venture to set bounds to its power over those intimate and insensible molecular movements which are the basis of all our visible bodily functions any more than we can justly venture to set bounds to its action, to its vast and ever-progressing evolution of nature, of which all our thoughts and works are but a part. This much we do know; that as on the one hand, in the macrocosm of nature, it is certain that the true idea once evolved in imperishable; that it passes from individual to individual, from nation to nation, from generation to generation, becoming the eternal and exalting possession of man. So, on the other hand, in the microcosm of the body, which some ignorantly despise, there are many more things in the reciprocal action of mind and organic element than are yet dreamed of in our philosophy."—[Transactions National Eclectic Medical Association. Vol. XVI.

Dr. Frederick A. Thume, of Newark, N. J., when vaccinating a patient, the 10th of June last, wounded his index finger with the vaccine point. Blood-poisoning ensued which proved fatal a few days after.

If blood-poisoning caused the death of the Doctor, what was the result to the patient?—[JOVIAL.

The American Medical Journal.

MONT. M. HAMLIN, M. D. Editor and Proprietor.

Contributions, Books for Review, Exchanges and other communications should be addressed to The American Medical Journal, 2900 Lawton Avenue, St. Louis, Mo.

\$1.00 A YEAR IN ADVANCE.

SINGLE COPY, 10 CENTS.

EDITORIAL.

ANNOUNCEMENT.

We are pleased to announce that Dr. W. L. Leister, formerly editor of the *Southwestern Progressive Medical Journal*, has consented to become associate editor of this Journal.

Dr. Leister will represent especially our great interest in Arkansas and the territory—secure subscriptions, write advertising contracts—review books, etc.

Dr. Leister needs no introduction from us as he has been a regular correspondent to this Journal and, as we learned while attending the late Arkansas convention, he is loved and respected by all those who know him best. We hope to locate the Doctor in St. Louis ere long where his great learning and ability as a teacher may be utilized for the betterment of our Eclectic cause. St. Louis is anxiously awaiting his coming.

THE ECLECTIC MEDICAL SOCIETY OF MO.

The thirty-third annual meeting of the Eclectic Medical Society of Missouri convened, May 20th, in the parlors of the Midland Hotel, Kansas City, President Walker in the chair.

Prayer was offered by Rev. Dr. Combes. Address of welcome was delivered by Hon. Marvin Minnear. Mr. M.

is a pleasing as well as a forceful speaker and did his work to the entire satisfaction of all present.

Dr. J. A. Miller had a few words to say in response; these words were well chosen and to the point.

Prof. John Uri Lloyd was then called for and addressed the society on the subject of Eclecticism. He said that he is going around shaking hands and renewing old acquaintances with the boys and at the same time he is encouraging the boys to stand by the old ship—Eclecticism. We of Missouri greatly enjoyed Prof. Lloyd's visit, and we trust that he may live long to enjoy the confidence of his many friends.

After the reading of the minutes of last meeting together with the secretary's report, President Walker delivered his annual address, which was well written and short but withal a splendid presidential paper.

Dr. Helbing suggested that the society reimburse the members of the Legislative Committee and others for time and money expended while attending the sessions of the Legislature in the interest of the four board bill last winter, but the suggestion was met with such prompt and inergetic opposition that the subject was dropped with simply the suggestion.

Adjournment until 2 o'clock was had.

Upon calling the convention to order the president announced that Dr. Hamlin desired to present to the society a clinic of unusual interest. This presentation of the case with discussions of same occupied a goodly portion of the afternoon session. Section work was, however, begun and several very good and interesting papers on the practice of medicine were read and discussed, especially a paper on "The Orificial Philosophy" by Dr. N. J. Carriker. This paper was discussed by Drs. Hamlin and others and was exceedingly profitable. Dr. J. A. Miller then moved that we set apart a time for the discussion of "Beneficent Assimilation;" 7:30 this evening

was selected for this discussion. Ye editor was extremely solicitous as to the meaning of the term; he somehow or other "smelt a rat;" he thought the thing was loaded and being anxious for the fray promptly seconded Dr. Miller's motion.

At the evening session the "boys" decided the house too small to justify the presentation of such a large subject hence "Beneficent Assimilation" was doomed to remain in statue quo until next day. This was a great meeting. Not remarkable for numbers but lots of enthusiasm was manifested.

Doctor, when you miss the meeting of your State Society you miss a great treat. Don't miss it next time but begin right now to make your arrangements to be at St. Louis next year at which time we are going to have the banner meeting in the history of Missouri Eclecticism.

May 21—morning session.

The President announces the order of business to be the discussion of "Beneficent Assimilation." Whereupon, Dr. Helbing "opened the ball" with a few earnest words of warning as to the dangers of our school being assimilated by the Allopaths and wound up with a peroration indorsing the four board bill of last winter, which died abornin'; and a strong plea for another effort to be made for separate examining boards. Dr. Miller opened the ball a little wider and "let the cat out of the bag," so that all could see the object sought. Its hard for a man to pull against the current and hence the Doctor's effort was not a brilliant success. Drs. Hamlin, Noblitt, Fleet and Carriker proceeded "forthwith and immediately" to continue the unravelling of the ball until the whole thing was exposed in all of its hideous nakedness. A hurried consultation of these last named physicians was had and the thing was pronounced dead. Whereupon, Dr. Stephens proceeded to pronounce the funeral oration. He said, in substance, A thing of beauty is a joy forever. I

never did think you very pretty but I did so much admire you. I delighted to worship at your shrine, I laid awake o' nights thinking of you. But now, alas, I see my mistake. I regret it. I grant that others had a right to speak evil of you when living but now I trust, all criticism will cease and that you, dear one, will be allowed to repose in peace. No more will I labor for a four board bill, no, never, but 2 years hence we shall ask for an Eclectic board. We might have done so before had we known as much then as we do now. And now let the curtain drop, softly, and protect from view your once lovely form while we allay, as best we can, our sorrow with a soporific. I close with that old familiar quotation from Holmes:

"Opium facit dormire
Quia est in eo
Virtus dormitiva,
Cujus est natura,
Sensus assoupire."

After a few impressive remarks by the President "Beneficent Assimilation" was laid to rest; we trust forever.

Upon motion of Dr. Hamlin the society next proceeded to the election of officers for the ensuing year. The following is a list of the World's Fair officers of the Eclectic Medical Society of Missouri:

President, E. A. Mendell, M. D., St. Joseph. First Vice-president, C. S. Palmer, M. D., Kansas City. Second Vice-president, J. A. Miller, M. D., Columbia. Third Vice-president, J. B. Fleet, M. D., New Franklin. Secretary, H. H. Helbing, M. D., St. Louis. Corresponding Secretary, W. A. Smith, M. D., St. Louis.

Thus ended one of the most interesting and harmonious meetings in the history of the society. Quite a goodly number of new members were added to the list and the treasurer reported a pocket full of money.

In Secretary Huntley's report of the Equal Rights League some very peculiar statements are made. One peculiar thing—almost miraculous—is that the collections from various sources \$276.00 should exactly even up the expenses. Now the reader is not allowed to determine the correctness of this statement as the names of the donors are not given. We are therefore compelled to take the ipse dixit of the Secretary, but he has told us that he cannot tell a lie, he did it with his little hatchet. It would seem too, that \$75 for five round-trips for two from St. Louis to Jefferson City is a little more than is charged the common run of politicians.

Again, the Secretary's report says: "I wrote to every Eclectic physician whose address is given by Polk in this state and many whom I found to be Eclectic that are not registered by Polk." At least one-half dozen within my acquaintance who declare they never received such notice and who are registered Eclectic in Polk.

The singular thing is that Uncle Sam has become so delinquent in his delivery of mail. But the secretary says, "I have given a statement of facts as they are. I have not misrepresented anything." Let the secretary "work out his own salvation" on these lines.

A LEAGUER.

It certainly pays to attend your state medical association. One learns many valuable things that he might otherwise never know. We heard while attending the Missouri State Society of a huge joke that some O. B. Joyful is circulating on our friend Dr. A. F. Stephens. The joke is something like this: Dr. Miller while addressing the meeting referred to Dr. Stephens' new journal—the name of which he could not recall, he turned and looked quizzically at Dr. Helbing who pronounced just one word "National." We made some inquiry and a few of the members admitted that they had seen a copy; but we persistently denied that

Stephens was putting out a Journal. Our reasons for such denial were as follows:

1st. If Stephens were putting out a Journal one of the first things he would do would be to send a copy to us for "exchange" and as no such copy had been received we felt sure the report could not be true.

2ndly. Its only about a year ago since Dr. Stephens was just in the act of leaving St. Louis, because he could not sustain himself here, when Drs. Younkin and Standlee telephoned us and requested that we give him work on this Journal and pay him a little, say \$25.00 a month to help him live until he could work up sufficient practice to enable him to remain in the city. The same day that we received these telephone communications from both Drs. Younkin and Standlee, we took Dr. Stephens in our buggy and sought out for him a new location and offered him the position of managing editor of the Journal. He said I should be only too glad to accept but just now I must have \$50.00 cash or I can't stay in St. Louis. We handed him the \$50 right then and there and he accepted the position on our Journal. We had to pay him in advance every month thereafter until December, 1902, at which time for what we deemed good and sufficient reasons we discharged him.

3rdly. After the relations that Dr. A. F. Stephens has sustained to the American Medical Journal and its editor he is too much of a gentleman and too appreciative to do such a thing as to start up a new Journal. No, no, we don't believe a word of it. It is simply a huge joke that some fellow is perpetrating and the editor of this Journal is frank to admit that he does not approve of jokes of such a serious nature.

We are from Missouri and will have to be shown.

Dr. J. C. Huntley, "the gentleman from Arkansas," who so ably represented the Equal Rights League district in

our last Missouri Legislature, has returned to his first love.

"He who fights and runs away
May live to fight another day."

While in Jefferson City, during the sittings of the Legislature last winter, we heard a little story—if runs about like this: Several Legislators were sitting at the dinner table; one of the number said, "Will the gentleman from Kansas City pass the sugar?" directly another said, "Will the gentleman from Pike pass the spoons?" and so on until finally a gentleman who was serving his first term said, (addressing the waiter), "Will the gentleman from Africa please pass the buttah?" It is still thought that the "gentleman from Africa" will survive.

Dr. H. B. Martin of Olney, Ill., a student of the E. M. I., dropped in to see us a few days ago.

Dr. D. S. Pruett, American, 1903, has located at 6713 Michigan avenue, St. Louis. Dr. P. has been assistant physician to the Metropolitan Hospital for nearly a year and is well qualified. We wish him abundant success.

Jno. W. Lorenz, M. D., 1007 West Franklin street, Evansville, Ind., who has completed his course at Louisville, Kentucky, wishes to have his Journal changed from Louisville to Evansville, Ind. The doctor is a true and tried friend and we wish him abundant success.

MARRIED.

This Journal has maintained its well earned reputation for truthfulness and foresight into coming events. It has also established its claim for wielding a powerful influence

over things Eclectic. In our March number we suggested that several of our old bachelor doctors in St. Louis only needed a wife to insure them perfect success. The result is as follows:

On Wednesday, 13th day of May, 1903, at Clayton, Mo., Dr. G. E. Whittlesey of 1423 Chouteau avenue, St. Louis, was married to Miss Haffy and now Whittlesey is happy and on the way to success hitherto unknown. Rah for Whittlesey, American, 1901.

On May 16th, 1903, at the Metropolitan Hospital, St. Louis, Dr. Robert Ignatius Rigler, St. Louis, American, 1902, was married to Miss Ennis Parrish, of St. Louis. Dr. and Mrs. Rigler spent ten days honeymooning in Chicago. They are now home to their friends, corner Newstead and Lee Avenues.

Who says that the Journal's influence for good is not felt?

Doctors Whittlesey and Rigler are bright up-to-date Eclectics and both are enjoying a good practice. And now that they both have done the wise thing the Journal extends its warmest congratulations and a hearty good wish for future success.

DEATH OF DR. A. STANDLEE.

Through a letter from Dr. Thos. H. Standlee we learn of the death of his father, Dr. A. Standlee, of Santa Anna, Texas, which occurred on May 2, 1903.

We regret that sufficient data for a more extended notice has failed to reach us in time for this issue. We hope to be able to furnish in our next number a rather complete biographical sketch of this really great and good man. It will be remembered that he was the father of our late Prof. E. Lee Standlee who preceded him only a few months.

The Journal hereby expresses great regret at the loss of

these two great and eminently useful men. We mourn with those who mourn.

The annual meeting for the election of a board of trustees American Medical College for the year 1903-4 was held at the College building this June 1st, 1903.

As we go to press the result has not been announced but we are reasonably confident that the old guard will be on duty again this year.

The announcements will be sent forth as soon as it is possible to do so.

BOOK REVIEWS.

THE ESSENTIALS OF MODERN MATERIA MEDICA AND THERAPEUTICS, by John Willian Fyfe, M. D., with **FORMULARY** by G. W. Boskowitz, M. D., 12 mo., 334 pp., cloth, \$2.00 net. The Scudder Brothers Company, Publishers, Cincinnati, Ohio.

We are in receipt of a copy of Dr. Fyfe's splendid book; and after thoroughly scanning it we have no hesitancy in according to it our unqualified commendation. It will be remembered that the material from which this valuable book is compiled was published in this Journal some years ago and at the time attracted many favorable comments.

This is number 6 of the set of Eclectic manuals now being put out by the Scudder Bros. We cannot too heartily recommend this work to the busy practitioner who needs a ready reference book. Not a day passes that does not find us perusing its pages. It fills the place to-day that specific medication occupied on our table for more than twenty years previously.

Send \$2.00 and get this invaluable busy doctor's companion.

PUBLISHER'S DEPARTMENT.

Dysmenorrhea.—Chief among the symptoms for which the patient seeks relief in this condition is the pain preceding or accompanying the menstrual flow. This pain is often of so agonizing a nature as to incapacitate her from all work or even to render her life unbearable. In these cases there may be present a displacement of the uterus, usually ante flexion, disease of the ovaries, uterus or tubes. In many instances, however, no pathological lesions can be found, the pain being due to a neuralgic tendency or to hypersensitiveness of the ovarian and uterine nerves, which manifests itself by painful sensations during the menstrual period, owing to the congestion of the tissues at this time, and may be accompanied by cramps of the uterine muscles. In this class of patients Hayden's Viburnum Compound is especially applicable, producing a marked sedative effect, relieving the pain and uterine colic, and if its use is persisted in it will gradually remove the hyperesthetic state and effect a permanent cure. If the dysmenorrhea be due to uterine or ovarian diseases it will serve a most valuable auxiliary to the local measures, by helping to remove the existing congestion and overcoming any spasmodic element, thus greatly shortening the period of treatment.

Dr. J. T. Taylor, Salt Lake City, Utah, writes:—I wish to say in regard to Neurilla that I find it a number one remedy in all diseases of the nervous system and in the nervousness of children during dentition. It is almost a specific.

Celerina is a powerful stimulant without the depressing after-effects of alcohol, caffeine, nitro-glycerine, etc. It is also a reliable Nerve Tonic. A pleasant exhilaration is experienced after a dose of one or more teaspoonfuls, and under its continued use a renewed capacity for mental and physical exertion results. It is indicated in all form of exhaustion, mental inertia and senile weakness.

Too much cannot be said in favor of Chionia as a gentle and safe remedy in hepatic torpor. In a practice of over thirty years I have never prescribed a more effectual remedy in jaundice and chronic constipation.

D. F. MYERS, M. D.
Woolmarket, Miss.

I am fond of prescribing Cactina Pillets in those obstinate cases of palpitation caused either by nicotine poisoning, indigestion or derangements of the uterus and its appendages, because it produces such happy and splendid results.

TITUS ALBRIGHT, M. D.
Hatfield, Pa.

THE AMERICAN MEDICAL JOURNAL.

VOL. XXXI.

JULY, 1903.

No. 7.

ORIGINAL COMMUNICATIONS.

—♦—
ABRAM STANDLEE, M. D.

In the early morning of May 2nd, 1903, near 6 o'clock, after a lingering and painful illness of several months, Dr. Abram Standlee passed peacefully and quietly into death.

Dr. Standlee was born in Henderson county, Tennessee, August 27th, 1835. When a child his parents moved to Howard county, Ark. At the age of seventeen they moved to Pike county, Ark. In 1855 he read medicine under the noted physician, Amariah Biggs, and in the same year took his first course of lectures in the old Botanical College in Memphis, Tenn. Pushing his studies he attended lectures the next year at the Eclectic Medical Institute, at Cincinnati, Ohio, graduating with honors in 1857.

Returning to Arkansas he continued his chosen field of work, and in 1859, married Miss Martha H. Hill, and located at Amity. To this union was born four sons and three daughters. All these sons inherited their father's love for the medical profession and are graduates thereof except one, who will soon be; among them was the noted Professor and Surgeon, Dr. E. Lee Standlee, of St. Louis, Mo., whom all Eclectics held in highest esteem and whose death was a serious blow to Eclecticism.

During the "War betw en the States" he volunteered

in '61, and was placed in the ranks as Hospital Physician and Surgeon. He served until the close of the war.

He was made a Mason in 1858 and for many years never missed a meeting. He loved it and kept the rules strictly until his death. In 1869 he professed religion and joined the M. E. Church, South, and was a zealous member, and



ABRAM STANDLEE, M. D.

always remembered the church and its institutions liberally with his money.

He moved to Santa Anna, Texas, in 1890, remained there until 1898, when he moved to Corvallis, Oregon, and in 1901 he returned to Santa Anna, Texas, where he died.

Dr. Standlee had been in broken health for a year or more, but never gave up his work entirely, until that pain-

ful disease, rheumatism, took hold of him which was closely followed by that formidable malady, Bright's disease; this was borne stoically until the end.

He was a hard student all his life, and when not engaged professionally, was reading and informing himself on the various topics pertaining to medicine and other worthy subjects.

As an Eclectic, he had that zeal, courage, and unconquerable spirit that characterized all the pioneers in Eclecticism. He was not ashamed of his profession but to the contrary, was ever proud that he was identified with Liberal Medicine; he advocated it wherever it was advisable and practiced it in ever case.

Publicity and notoriety was never sought by him, yet he contributed many substantial and instructive articles to the medical journals during his life time; he had something to say when he did; all his life he had that rare character of not worrying about things he could not help until he was old, when the death of his son, Dr. E. Lee Standlee, last October weighed destructively upon him.

In his death, wife and children lost a kind and noble husband and father, the state a true and worthy citizen, and Eclecticism one of its staunchest advocates.

First, last, and in the midst of all, he did as man and as a physician, founded his expectations of success on his personal and scientific qualifications, and kept whatever is honest, whatever is true, whatever is just, whatever is pure foremost in his mind and was governed by it.

JASON TYSON, JR., M. D.,

Santa Anna, Texas.

June 5th, 1903.

TRACHOMA.*

BY W. L. LEISTER, M. D.

Synonyms:—Granular Conjunctivitis, Granular Ophthalmia, Egyptian Ophthalmia, etc.

Disease of the conjunctiva, characterized by the formation of follicles, which, instead of being absorbed as in follicular conjunctivitis, produce permanent granular masses, spreading over the surface of the entire lid. The conjunctiva is usually first affected. The conjunctiva dies where the follicles are abundant. Ulceration takes place, and the necrosed membrane is replaced by scar tissue. The disease may continue for many years. Usually a conjunctivitis precedes granular formation, yet the disease is insidious and may escape detection for a long time. Follicular formation and growth of vascular tissue over the cornea will sooner or later appear due to friction of the roughened lid, causing a keratitis. Pannus will result as consequence.

Ulceration of the follicles will next be apparent, when the secretion will assume muco-purulency. The lashes become lusturless, matted together and fall into chasm between the lids and float about the cone surface of the cornea. The disease finally passes into the third stage—cicatrization. The granulations disappear, there is little secretion, the conjunctiva is no longer actively inflamed and rough, but is dry and dirty white, thickened and rolled into fine folds. This atrophic condition is called parenchymatous xerosis. A shortening of the lid from above downward resulting in eutropion and trichiasis supervenes. Symblepharon or adhering bands between lids and globe is a quite common result.

The disease prevails more commonly in low and malarial regions, yet unsanitary and crowded districts, as well as

*Read before the Arkansas Eclectic Medical Association, April, 1903.

unhygienic habits are marked factors in the production of the ailment. There prevails concurrence of opinion relative to the infectious nature of trachoma, yet this essayist has known the trouble to exist in one of several members of a family, sleeping and eating together, drying upon the same linen, etc., and no trans-infection take place. Although there is an inclination to consider the disease as due to a special germ, the reports of bacteriologic investigation have not been harmonious.

The prognosis in trachoma is usually not favorable. There is rarely complete recovery.

I usually recommend change of manner of living, isolation as much as possible. Daily changing of pillow casing, sheets and bed coverings, at least two changes of handkerchiefs daily, same with toweling, frequent changing and cleansing of wearing apparel, especially in way of head covering.

The dietary must be looked after. I believe that an almost universal vegetable diet should be enjoined in these cases. The patient should be proscribed against the eating of old salt meats; the use of tobacco in any way must be prohibited if certain necessary agencies are to exert their full therapeutic influence.

If seen in first stage of trachoma I usually irrigate the everted lids with solution of boracic acid in about the strength of five grains to the ounce of soft water (rain water), at a temperature of 100 degrees F., using about one gallon for either eye. Increase the temperature of the medicated water as time goes on until a heat of 115 or 116 degrees is registered. Not this increase at first sitting but after several. This will wash away muco-purulent exudate, tone vaso-motor nerves, contract surcharged blood vessels and thus tend to overcome conjunctival hyperemia, thereby lowering exalted temperature and placing the diseased tissues in most favorable condition to respond to the next treatment. While

the parts are in this brought about anemic state, the following, or something similar, is to be used: Lloyd's Ergot, gtts. xx to fl. ℥ss., sol. boric acid q. s., ft. ℥ss., used every two or three hours; the further contracting of blood-vessels being the desideratum, also to assist in allaying inflammatory action.

I have drawn upon Foltz' Diseases of the Eye for this prescription. Have tried it in numerous cases and do recommend it highly. Another for the same place, time and condition: Aqueous Fl. Ext. Hydrastis ℥ss. Tr. opii deodoriza ℥ss. Rose water q. s. to make ℥j. Four or five drops upon the everted lids. Close the lids and dry the eye, re-evert and re-apply. I usually do this so as to obtain the full benefit of the instillation, as any medicament is unavoidably diluted by the flowing down of tears.

The opium in the last named prescription is applicable only in case of great pain, intense photophobia and profuse lachrymation. Corneal ulcer is a frequent concomitant and is accountable for much pain.

If the case be seen for the first time further along in the disease, I would follow the boric acid douch with application of a 1-2000 solution of corrosive sublimate, making the application to the conjunctival surface by means of a wad of absorbent cotton. However, if ulceration of cornea be present I would avoid the use of the bi-chloride.

A combination in much favor with myself reads as follows: Boric acid grs. iii, Morphia Sulphate gr. ii., Tr. Calendula ℥ij. Rose water q. s. ad ℥i. To be instilled same as the hydrastis combination. In hypersecretion of tears with or without ulceration, this will be found a very efficient medicament. I have long ago given over the use of the old agencies—sulphate copper and zinc. The use of these escharotics usually hasten scar tissue and the formation of adherent bands or symblepharon.

I never resort to operative treatment in the initiative

stage of trachoma. It is after the disease has passed the first stage and will not yield to medication alone that expression should be resorted to. My plan is to make the surfaces to be compressed as anemic as possible by the use of the hot boric acid douch. Next introduce Knapp's Roller Forceps—one blade to the bottom of the sulcus, the other upon the outer surface and go over every bit of the granulating field; taking thought to precede the use of the forceps by liberal applications of a four per cent. solution of eucaïne or cocaine, the latter being first choice. After thorough expression I apply a sharp curett and by rapid but gentle motions, remove the bases and whatever remains of the granular bodies. Without this step, it would prove like rolling down a crop of plantain to spring up again almost as soon as pressure was past. A granule has a central nucleus which the expression is supposed to squeeze out. The base and capsule being left will readily refill and assume an original activity. After expression I curette thoroughly, after which, for the last two years, I rub into the everted surfaces the following: Oil thuja gtts. x, glycerine gtts. xx, thoroughly incorporate. This is sufficient for two eyes—one application.

Physicians have been disappointed in fl. ext. of thuja in these cases. Try the oil of the drug and the way herein laid down. Under the old course of escharotic treatment the disease lasts for years; under the new, with control of the patient the practitioner may promise not only relief of worst phases, but a permanent cure.

A CASE OF TYPHOID WITHOUT ANY MEDICAL ATTENTION.

BY DR. BRUEGEL.

There came under my observation a case of typhoid in its convalescence. A little girl, six years. The mother calling me at this stage to see a sister of the convalescent, three

years older' which was quite ill, and I pronounced the case typhoid at once in its most pronounced stage.

As I informed the mother of the child's condition, she said to me: Why, her sister had the very same kind of sickness; we just thought she had sort of ague because she would lounge around in the afternoon and complain a great deal and almost burn up with fever, and said her abdomen did hurt so bad to the touch. They also said she would talk out loud in her sleep, not knowing she was delirious, I suppose. Well the little hero pulled through or is doing so quite fast. Her hair is almost all falling out. The duration of the illness was just three weeks to the time I saw the girl.

I have been treating the other one just six days and so far she is doing nicely, but as yet I do not know if she will do any better than the non-attended one. By the way, the child's mother tells me all she gave the little one was castor oil, milk and ice. So she thinks, the mother rather said, there is no use of us paying such big doctor bills; you don't need put yourself to any trouble coming as she will be all right. So I do trust my little patient will do as well as her sister. I suppose if she did not they would rather feel as though medicine were a failure.

This first case mentioned would be a bonanza for the Christian Scientists. I imagine I would say that the sanitary condition of the premises of these people are not very good although all of the family, consisting of five children and parents, are the very picture of health.

My chief prescription in this case where the parents don't want hardly any medicine standing around is:

R_x Echafolta (Lloyd's) ℥iv.
Aqua dist., ℥iv.

Sig. Teaspoonful every three or four hours.

R_x Salo sedatus in pulv. form, as they do not want any

capsules, given in three grain doses about twice a day, as they don't care to give it any oftener.

You probably say, well I would not treat the case unless I could have full say as to what to give and do. But I get the money and they had me to do all their family practice for six years; of course it not all being of this kind—without any medicine—as Lloyd Bros. of Cincinnati, would not make a fortune at this rate as I must invariably prescribe their drugs.

ECLECTICS.

Ninth Annual Meeting of The New England Eclectic Medical Association.

The New England Eclectic Medical Association which includes the greater part of the eclectic physicians of New England held its ninth annual meeting at the Falmouth hotel yesterday, opening its sessions at 2:30 p. m.

The reports of the secretary, Sylvina A. Abbott, M. D., of Taunton, Mass., and the treasurer, Algernon Fossett, M. D., of Portland, showed the association to be in a very flourishing condition. The report of the committee on the standing of eclectics in New England showed that the members of the school were steadily increasing in both numbers and influence. Prof. Marshall B. Ketchum, M. D., editor of the Lincoln (Neb.) Medical Outlook, was elected to honorary membership.

The annual address was delivered at four o'clock by Frederick Wallace Abbott, A. M., M. D., Ph. D., Taunton, Mass., associate editor of the Massachusetts Medical Journal. It was scholarly and eloquent.

Many interesting cases were reported by the var-

ious members and the following delegates were elected to the various societies:

National Eclectic Medical Association which meets at Indianapolis, Ind., June 9, 10 and 11, Drs. Alexander Wilder and Algernon Fossett. Maine Eclectic Medical Society, Drs. Henry Reny and Algernon Fossitt. Vermont State Eclectic Medical Society, Drs. Percy L. Templeton and Herschel M. Waite. Massachusetts Eclectic Medical Society, Drs. Frederick Wallace Abbott and Sylvina A. Abbott. Connecticut Eclectic Medical Association, Drs. Stephen B. Munn and Thomas S. Hodge.

The committee on necrology presented touching resolutions on William Collins Hatch, M. D., secretary since 1897, who has died since the last meeting.

The session continued into the evening and at a late hour adjourned until to-day when officers will be elected, papers read and discussed and clinics held.

SECOND DAY.

The minutes of the preceding day was read and approved.

The final report of its secretary, Sylvina A. Abbott, M. D., of Taunton, Mass., was read and accepted, and a rising vote of thanks given her for her efficient services the past year.

The final report of its treasurer, Algernon Fossett, M. D., of Portland, which was read and accepted, showed the association financially good.

Prof. Alexander Wilder, M. D., F. A. S., of Newark, N. J., and Henry Reny, M. D., Phar. G., of Biddeford, Me., delegates from the Maine Eclectic Medical Society were welcomed by the association, and reported their society in a flourishing condition.

A free clinic was held at 10:15, several patients availing

themselves of the opportunity for skillful treatment thus afforded.

Among the essays read and discussed were: Prophylaxis, Henry Reny, M. D., Phar. G., Biddeford, Me.; Obstetric Emergencies, Sylvia Alpha Abbott, M. D., Taunton, Mass.; Pathology, Alexander Wilder, M. D., F. A. S., Newark, N. J.; Eclecticism Compared with Other Systems of Medical Practice, Algernon Fossett, M. D., Portland; Therapy of *Archillea Millefolium* and of *Scintillaria Lateriflora*, John Albert Donner, M. D., Holyoke, Mass.; Medicine Modern, Garret B. B. Larkeque, M. D., Athol, Mass.; In Medical Practice, Which Method? Josiah C. Wright, M. D., Durham, Me.; Independence Necessary for Professional Liberty, Percy Lee Templeton, M. D., Montpelier, Vt.; and Inversion of the Matrix—A Case in Practice, Frederick Wallace Abbott, A. M., M. D., Ph. D., Taunton, Mass.

The following were elected officers till the next (10th) annual meeting to be held in Boston, Mass., June 3, 4, 5, 1904: President, Percy Lee Templeton, Montpelier, Vt.; Vice-president, Algernon Fossett, Portland, Me.; second Vice-President, Thomas Mulligan, New Britain, Conn.; third Vice-President, John Albert Donner, Holyoke, Mass.; Recording Secretary, Sylvia Alpha Abbott, Taunton, Mass.; Treasurer, Frederick Wallace Abbott, Taunton, Mass.; Corresponding Secretary, Frank Winchester Shell, Dennysville, Me.; Librarian, Herschel Napoleon Waite, Johnson, Vt.; Censors, Drs. Theophilus J. Batchelder, Machias, Me.; Alonzo Downing Muchmore, Plymouth, N. H.; Wilbur Fisk Templeton, Clover, Vt.; John Albert Donner, Holyoke, Mass.; Alfred Horace Flower, Boston, Mass., and Stephen Benjamin Munn, Waterbury, Conn.

The annual banquet was held in one of the New Plymouth's spacious rooms at 1:30 p. m., and was a very enjoyable occasion, President Templeton acting as toastmaster, brill-

iant responses were made by several of the members and guests.

Immediately after the banquet, and before the association reconvened, came one of, if not the, most pleasing features of the entire session,—an address on Modern Eclecticism, and the conferring of the *adeumbem* degree, and presenting of the diploma of the Lincoln Medical College, Medical Department of Cotner University, of Lincoln, Neb., upon Dr. Algernon Fossett, of Portland, by Frederick Wallace Abbott, A. M., M. D., Ph. D., Associate Editor of the *Massachusetts Eclectic Medical Journal*, ex-president of the New England Eclectic Medical Association and of the Massachusetts Eclectic Medical Society, the Connecticut Eclectic Medical Association, and Vermont State Eclectic Medical Society, and an active member of various learned medical bodies, as the special representative of that well known institution. The learned speaker's address, which, from start to finish, was both scholarly and eloquent, one of the best in fact that has been heard here for many a day, stamped him as an orator of unusual power, and was most appreciatively received. Dr. Fossett, the distinguished recipient of the Lincoln Medical College's highest honors, to whom the whole affair was a perfect surprise, responded in a few chosen words expressing his thorough appreciation of the signal honor conferred upon him by the Lincoln Medical College, and of the eloquent address of its scholarly representative, Dr. Abbott. The venerable Alexander Wilder, M. D., F. A. S., ex-secretary of the National Eclectic Medical Association, an honorary member of many learned bodies, and formerly connected with the *New York Evening Post*, followed Dr. Fossett in a short pertinent speech that was warmly received by the association.

The association adjourned at 4 p. m., having enjoyed one of the most enjoyable meeting in its history—[Portland Daily Press, May 28, 1903.

SOUTHWESTERN NOTES.

COMPILED BY W. L. LEISTER, M. D.

We are glad to see that doctors are taking up with our suggestions expressed in April number of this Journal relative to the lengthening of our annual state meetings. That the usual length of time expended is too short in which good and thorough work can be done is becoming most apparent.

The old way of naming every everybody on every conceivable subject usually resulted in an overwhelming number of delinquents. The fewest number of medical men can write a respectable thesis, whereas, if these same physicians know beforehand that it were expected of them that they furnish a short experience from practice, they would respond by giving up nuggets of knowledge which go far toward making a medical convention most useful as well as ornamental.

Again, if we have longer sessions doctors would patronize them more freely with their surgical cases. No physician cares much to induce his clinic to apply to some specialist in attendance of the annual meeting, have a grave surgical operation performed and then run back home the next day and leave his patron in the hands of strangers maybe. The patient objects also unless his physician can remain with him a few days after any grave manoeuvre.

The first day or two of our state meetings and we have more direct reference to states of the great Southwest, should be largely given over to the surgeons and clinicians so as to allow all the post-time possible to those who submit to needed help.

But to speak more especially in behalf of Arkansas Eclectics Medical Association, we assure our readers that under the watchful care and guidance of our present worthy president, Dr. Thos. J. Daniel, every move will be made

and every step will be taken which will in any way redound to the very best interest of all concerned. The doctor is thoroughly abreast of the needs of the times and we are warranted in expecting advances commensurate with evolutionary processes at work in the body medical.

—The hand of the grim monster has been laid heavily upon our Southwestern contingent of late. Since the Arkansas Eclectic Medical Association adjourned in middle April, our two beloved brethren, Dr. J. M. Park, of Little Rock, and Dr. Robt. L. Browning, of Judsonia, have passed into the beyond.

Two nobler souls, two truer men and finer physicians never quit the work of caring for sufferers here to enter upon exalted spirit work on the other side. As it now seems the loss of them is irreparable.

Fuller reports of these two noble physicians will be given later.

To Ye Texas Brethren—Greeting:

How are you—one and all?

We have not stumbled across announcement of your next state medical conclave. We shall be on the lookout for same as to date and place because, with, or without invitation, we expect to drop in on you at that meeting.

We would be most highly pleased to receive word from any one or all of the following gentlemen and ladies and tip-top physicians: L. S. Downs, Galveston; M. E. Mitchell, Dallas; my old class-mate at Ennis—I cannot recall his name here; J. Newton White, Queen City; S. D. Donaho, Sherman; G. W. Johnson, San Antonio; Gates and Gates, Waco; M. E. Daniel, Honey Grove; Dr. Mary——, Gonzales, and many other old-time friends whom I cannot name “on the spur of the moment.” Doctors, write the American, the good old stand-by of the Great Southwest.

—At the Arkansas Eclectic Medical Association we re-

ceived twenty-nine votes out of a possible thirty-five votes cast for member to be recommended for appointment on Eclectic State Medical Board. When the list approved by the Governor was given out our name did not appear.

We have been considering the question of whether or not the late enactment did not relegate a "leettle" too much power to the wrong end of the "organic balance," and reserved too little prerogative to a state medical body who ought to be able more than an outsider to judge of fitness of those whom it might desire to serve it?

—Dr. W. DeWolt Jones, for quite a number of years a prominent physician of Little Rock, has located in Bentonville, county seat of Benton county, one of the modern towns of the great quiet belt of Northwest Arkansas.

—Dr. C. E. Pierce, treasurer of Arkansas Eclectic Medical Association has purchased the office of the late Dr. J. M. Park and is now occupying same in the city of Little Rock.

—Dr. J. C. Huntley has located at Judsonia and will occupy the field lately made vacant by the passing away of Dr. R. L. Browning.

—We want a first-class, well equipped Eclectic to settle in Fayetteville, a city of seven thousand people; and one in Springdale, 1,500 people; both these places No. ones. Fine country and rapidly developing.

—Three hundred dollars will place a good physician and surgeon—he must be both—in a choice field in Northwest Arkansas—the apple orchard of the United States. Write W. L. Leister, Rogers, Arkansas, for particulars.

For the Journal, Editor and Readers:

Being located in an isolated spot in the domain of Indiana, where but few have of late, dared to take up their abode on account of there being no more room, I write to

the Journal nevertheless, because the Journal is the champion of freedom of thought universal as it were. Eclectics have no prejudice, no, not one.

I have noted some one writing in the June number something about germs. In my opinion said note has but very little thought-bearing ideas; but it is no more shorn of good substantial ideas or thoughts than a great many of its class that appear in the Journal from time to time. "Trying to keep the germ out of the body." Such a statement is preposterous; it is a statement and nothing more for the simple reason that they cannot be isolated from the elements that sustain life, without destroying the pabulum upon which we subsist. "And how to deal with them after they enter the body" is as void of thought and therefore needs no comment. I have also noticed from time to time quite a few erroneous ideas set forth on the editorial pages, but we will pass that by for the present.

'Tis said:

"There is nothing new under the sun,"
Yet, Eclectics' work has just begun.

I generally use that which pleases me, and fix it up to suit myself; and, by the way, I have the satisfaction of hearing that it has hit the spot, and that a great many germs have hair-breadth escapes. I generally treat all perversions of function in a similar manner, because as you all do know that medicine is not an exact science, but is fast approaching it, but as yet has not reached it. So a thing is never "it" until it is "it." Now the thing that I am driving at is to come to the point gradually and in due time I will try to give you something preadventure, that will be interesting perhaps, in that it may be as unintelligible as a great deal of the gabble that one reads in these times that are so preadvanced. Of course I am not looking for trouble.

Scrutinizingly yours,

J. NOBLE YOUNKIN.

FOOLING WITH MOTH BALLS.

Moth balls constitute one of the crowning products of cracked-brain contrivances. Round, smooth, white, candy-looking balls, about as big as the brain of the one who conceived them. Warranted to saturate a trunk full of clothes so thoroughly with stench that a person of any sensibility would much rather go and buy a new suit of clothes than to undertake ever to renovate the old ones.

There is a tradition that moth balls will protect woolen clothing from the ravages of moths. This tradition has no foundation whatever, except the lunacy that a stench drives away parasites of all kinds.

Only the other day we saw an old trunk, in the bottom of which lay a dozen moth balls, a few small woolen rags and a good-sized handful of moth worms. The moth worms were actually reveling in the luxury of moth balls as a side dish from their favorite menu of rag chewing.

It seems too bad, however, to say anything against the moth balls. They are such nice little things to sell. They make such attractive show-window ornaments for drug stores. Eight or ten of the pesky little things can be bought for a cent. The foolish housewife thinks she is doing something when she buys the odoriferous nuisance. She carries them home triumphantly. She creeps up into the attic with them and inserts them in every box and trunk and cranny where the winter's bedding is packed and woolen clothes are laid away. With a smile of sweet faith she deposits the nasty things with one hand while she holds her nose with the other. She is willing to bear the olfactory ordeal under the delusion that she is saving her precious woolen fabrics. Next fall when she opens the trunk and finds her woolen goods intact she will say to herself: "Ah, the moth balls protected them." She forgets that the windows of her home have been carefully screened, that the attic door has been

kept shut, that the trunks and boxes are air-tight, all of which has protected the clothing against, moths. She forgets this and gives the credit to moth balls.

In the meantime, she remembers, when she was a girl, that moths used to eat holds into woolen fabrics. They did not have moth balls in those days, but they did have screenless windows, open doors, trunks unhinged, loose-jointed boxes with holes big enough for humming birds to enter. This furnished the moth-miller free access to deposit the eggs in carpets or coats or counterpanes.

But in the modern home the little white moth-mother finds no open window to enter, no crevices to crawl through; hence, she stays out. The woman thinks the reason the musty miller stays out is because of her measly moth balls. The moth-miller stands ready to demonstrate the fallacy of the moth ball at any time if she were allowed to do so. But the silly goose of a woman goes right on shutting out the moth-miller, buying moth balls to scare it away after she has it shut out, and giving the moth ball all the praise.

If any woman wants to demonstrate the fallacy of moth balls let her take some of the sweet-smelling spheres, put them with some woolen rags and leave them in some out-house or chamber, into which the moth can enter. Wait a month or two, then visit the place to observe the nice litter of moth worms which has collected. It is, perhaps, too much to say that moth balls attract the miller. There is no creature on earth that does like them. There is but one creature on earth that will tolerate them, and that creature is a woman. She would not do so were she not actuated by the delusion that she is protecting the contents of her home by so doing.

Where did the notion originate? In what mind did it first germinate? By whom is the notion promulgated? It is easy to understand what keeps alive the tradition that moth

balls are of use when once a large body of people are made to believe it. The manufacturer likes to make them. They don't cost anything. They are easy to make, so they pass them along to the retailer, who stands ready to sell anything the people want.

The totem-poles of the Esquimaux Indian are founded on no greater superstition than the moth balls. A person might just exactly as well carry a rabbit's foot in his pocket to keep off bad luck as to put moth balls in the attic to keep away the moth-miller.

It is said there was once established in New England a factory for the purpose of making wooden nutmegs. Thousands of bushels were manufactured every year and mixed with genuine nutmegs and sold to the people. A wooden nutmeg is certainly a flimsy fraud, but at least it does not stink and does no greater damage than to fool the cook. But the moth ball is a capital crime against human forbearance.

Every innocent looking little white moth ball carries with it wherever it goes an aura of stench bigger than a cathedral, more pervasive than cigarette smoke, and lingers on everything it touches with the tenacity of chronic malaria. The man who first contrived them was a fool. The man who is selling them is fooling. The woman who buys them is fooled.

CONSTIPATION.

Constipation, with its effects and cure, is a very important subject. Perhaps no single one is more important. To torpidity of intestinal action may be traced, directly and indirectly, the larger half of the so-called diseases from which we suffer. Call them liver disease, skin disease, rheumatism, anything you like, the chances are that constipation is

the original cause. At all events, it is a regular accompaniment of many disease conditions.

In many troubles we must first find their cause before we can intelligently direct their treatment and cure. And this is particularly true in regard to constipation. There are many causes for constipation. The most frequent cause is atony. This is lack of contractile power on the part of the bowels themselves. It is largely due to deficient nerve force. This form is most noticeable in those who lead very sedentary lives, especially those who sit a great deal, breathe shallow and drink little. And those who sit on cushions are worse off than those who use hard seats.

This is the class of cases most addicted to the use of cathartics. And many of the worst cases of constipation are made so by the regular use of cathartics. A cathartic acts by suddenly drawing moisture from the mucous lining of the bowels. This frequently repeated exhausts the supply of secretion and the parts become dryer than ever, just as we see happens to the confirmed snuff-taker, who always has a dry nose.

For the radical cure of either of this class of cases the causative conditions must be changed.

Mechanical obstruction may also be mentioned as a cause. In this connection tumors or cancers need not be more than hinted at. But in women a displaced womb often causes constipation or makes it worse. It does this by constant pressure on the bowels, producing a sort of local paralysis due to nerve irritation and impeded circulation. In all such cases the womb must be properly replaced and kept there.

Improper food may cause constipation. The food may be faulty, or insufficient, or too concentrated. There may be too much meat and eggs, and too little of the coarser vegetables. And the constipated person may not eat enough. They do not give the stomach and bowels enough to do.

Consequently there isn't debris enough in the bowels to make discharges with. Good liberal feeding will often change all this, wake up the bowels to a sense of their duty, and they go to work at once.

The too-sparing use of fluids will often cause constipation. So will astringent drinks, such as strong tea, and sometimes too-hard water. The very free use of good drinking water will of itself be sufficient to relieve many cases of constipation. There are three very noted laxative waters bottled at springs in this country and sold in drug stores, viz., the Congress, of Saratoga Springs, N. Y.; the Pluto, of French Lick, Ind.; and the Veronica, of Santa Barbara, Cal. The Congress spring, we believe, is disabled just now. Its water is the mildest of the three, and the Pluto the strongest. These should not be used regularly, only occasionally, for relief.

Severe cases of constipation are caused by opiates, especially opium, because of the increased dryness and nerve torpidity they induce. The use of such drugs must be discontinued by sufferers from constipation before they can be cured.

Deficiency of bile or intestinal secretions sometimes cause constipation. These must be stimulated to freer action. Often it is sufficient in such cases to supply more liquid, especially fruit juice, particularly sweet cider, grape juice, or oranges and apples.

Hemorrhoids, or piles, are frequent accompaniment of constipation, or vice versa. To relieve one is often to relieve the other. Piles are often prevented or relieved by a proper attention to the bowels.

The importance of forming a regular habit or time for the bowels to move is very great. Nothing should be allowed to interfere with the observance of this habit. The signals of relief should never be disregarded—it is too great a strain to subject the nervous mechanism to. Its responsive

ability is weakened by this practice, and constipation may even result therefrom.

The successful treatment of habitual constipation without medicine is usually easy, but sometimes difficult. Among the means employed that we have not yet alluded to electricity should be mentioned, also massage. And they are used together to good advantage. A "home-made" massage treatment can be improvised with a small cannon ball or a ten-pin ball. Lie down and roll it up and down on the abdomen—upon the right side, across the stomach, and down on the left side. Horseback riding is especially beneficial. It stimulates the liver and facilitates the flow of bile. It strengthens the abdominal muscles and induces better breathing of pure air, and excites stronger contraction of the bowels themselves. The same may be said of many gymnastic exercises, even brisk walking.

Enemas, or injections, or only palliative, but often useful. The best is a tablespoonful of glycerine, retained as long as possible. It draws water from the tissues and excites discharge. It should be used but rarely. Sweet oil, however, may be used as often as desired.

What is called individual idiosyncrasy should be borne in mind by each person. This means the susceptibility of certain persons to the action of certain articles of food. There are few persons have not noticed that some particular article of diet will cause activity of the bowels, temporarily at least. This should be a hint to occasionally avail yourself of this aid. These vary with different people. Some of these exoedients may seem a little queer, but they are effective, nevertheless. The following are a few of them: A mess of greens, liver, beef stew, rhubarb sauce, molasses candy, mush-and-molasses, peanuts-and-beer, figs, honey, whiskey, black coffee.

Perhaps the most remarkable cure for constipation is the sand cure. It was described by an Indianapolis physician

(Dr. W. B. Clarke) in the American Physician (New York, Aug. 1, 1900), under the title "A Drugless Cure for Constipation." He took ordinary river sand, rather coarse, washed it, and baked it in an oven. A third to a half teaspoonful of this is taken at each meal. It may be taken in capsules, in little balls rolled up with molasses, or plain in a little water. He claims that it improves digestion (citing its constant use by birds and animals), gently scouring and stimulating mucous surfaces, and excites the bowels to the proper performance of their duties, even in the most obstinate cases. He claims no injury ever follows the treatment. The treatment can then be discontinued when relief comes, and rarely requires more than one or two days' use at times of occasional torpor.

Fats are very useful in constipation, and may be taken freely in the form of hot beef-fat (with food), butter, cream, or olive oil. They act not only as lubricants, neutralize some of the poisonous products of digestion, fermentation or putrefaction.

Fruits should be used freely because of their sugar and fruit acid. In constipation they will have most effect if taken between meals. Chief among these are apples, pears, peaches, plums, cherries, oranges, figs, prunes, dates, (not bananas). Berries are also useful, but blackberries and raspberries should be sparingly indulged in, because their large, round, dry and wooly seeds will pack and prove difficult of ejection. On the contrary flaxseed (whole) is useful because of its shape and mucilaginous character. A teaspoonful soaked a few minutes and swallowed daily is usually very useful. A desert-spoonful of bran, used the same way, helps many cases.

Vegetables are as a rule, laxative, especially tomatoes, spinach lettuce, onions, cabbage, celery. The coarse cereals, such as oatmeal, cracked wheat and cornmeal have

the same action. Some of the branny ones, however, are rather harder of digestion.

To repeat, the dietary cure of constipation requires the free use of vegetables, fruits, coarse breads, sugars, fats, plenty of water, and little meat.—[Medical Talk.

MATERIA MEDICA, ITS IMPORTANCE TO THE STUDENT AND GENERAL PRATITIONER OF MEDICINE.

BY DR. EMMETT F. COOK, ST. JOSEPH, MO.

While it is a fact that about 95 per cent. of physicians devote a greater part of their time to the practice of internal medicine, by the applications of remedies found in *Materia Medica*, the greatest interest in the profession is centered on therapeutic agents other than medicine. A glance over the programs of the several state societies will show that nearly all the papers read are along the lines of surgery, X-ray treatment, etc. In the medical colleges and societies, a very short time is taken up with the all important subject of *Materia Medica* and *Therapeutics*, or in other words the proper application of drugs for the cure and alleviation of disease. For instance, a glance into one of the regular works on practice, will show that the author devotes a dozen or more pages describing the Pathology, Bacteriology, Etiology, etc., of typhoid fever or pneumonia; but when it comes to the important part, viz: treatment, only a few lines are used.

While I do not wish to be understood as discouraging the science of pathology, bacteriology, etc., yet I would insist upon a closer study of those means that will cure the condition that bacteria produces. The pathologist studies his science from an anatomic standpoint, almost to the exclusion of functional pathology, and some of them say there

is no pathology when no structural changes are observed, no matter how evident the functional disturbance may be. A great majority of our medical colleges of to-day, give the most of their time up to surgery, surgical anatomy, surgical pathology, electricity, etc., while materia medica, pharmacy, and therapeutics, are given a minor place.

A surgical clinic for the removal of gall-stones, will attract a large audience and the operator will have boquets thrown at him, even though the patient dies, while the professor on Materia Medica in an Eclectic medical college will hardly be noticed, while he is explaining the specific indications and uses of such agents, as dioscorea, chionanthus, phosphate of soda, etc., which if properly used would rob the surgeon of his laurels, and be a God-send to the patient.

The reason that surgery is so attractive and remunerative to the student is that the whole system is built on therapeutics. The anatomy and pathology that he studied is made subservient to his ultimate purpose, the cure of his patient and surgeons never tire, listening to the best methods of operative procedure, even to the finest detail.

This is not the case in materia medica; too many have come to the conclusion that there is nothing in medicine, and have taken up the use of a knife and X-ray machines for the cure of conditions that an Eclectic Materia Medica is full of agents that will cure. While I am glad to see the interest taken in electricity, and know that the X-ray machine has done great good already in diagnosing fractures, dislocations, and in the treatment of cancer, I would not give the doctor who properly understands the use of specific echinacea, for the one who makes a hobby of electricity. He will cure more patients and do more good in the community in which he practices, even though the laity may be some time in finding out his real worth. The Eclectic school has always been a leader in Materia Medica, and to-day, stands at

the front along that line, and it behooves us to continue to push forward.

The old school already concedes the fact, that we study medicine, and know medicine, and the study of *materia medica* should receive a more prominent place than ever in our college faculties. What we need is more such men as those who give us such remedial agents as *echinacea*, *dioscorea* and *thuja*. These agents have already done more good to the world, than so much surgery X-ray machines have or ever will do. He who aims to practice medicine for the good he may do, or hopes to build up a practice by the results he achieves, finds little consolation, in anti-mortem theorizing, and post-mortem verifications. Our patients come to us to be cured, and when internal medicine shall make the means of cure its central figure, and the purpose of study of diagnosis and pathology, normal and pathological physiology, lead the way, then will therapeutics of the *materia medica*, interest the student and practitioner, as does surgical means. The physicians of to-day, should know the exact physiologic action of the drugs he uses in the every day practice.

How few take the same interest in functional disturbances, that they do in organic lesions. It is as important to understand the physiological action of the agents employed in the cure of disease, as it is to recognize the pathological conditions, both functional and structural in the patient. It is also essential to know the limitations of the drugs used. The most of the young men who graduate, must rely upon the remedial agents of our *materia medica* most of the time for a livelihood, for they can not take up surgery immediately upon graduating and succeed, for it takes time for them to gain the confidence of the community enough to get a surgical operation to do; therefore, see the importance of the chair of *materia medica* in the college. Each professor on *materia medica* should be an enthusiast,

in order to inspire the student. He should have that confidence in his subject that is only gained by a thorough knowledge and happy experience.

No, I do not wish to be understood as discouraging the surgeon or the professor of surgery in the colleges. We need more surgeons in the Eclectic school, but I am of the opinion that the reason that we have not already them, is because our graduates know the use of medicine, and do not have to resort to surgical means to cure their patients.

As our men learn medicine they find less use for surgery. Only a short time ago every case of appendicitis must be subjected to a surgical operation, now, Eclectic practitioners, operate on very few. Some surgical operations are very necessary, and I suppose always will be, but in the majority of cases it is only a mark of the ignorance of the knowledge of our materia medica, and the only reason some of the greatest surgeons of to-day are not behind the bars, is because the laity is ignorant on medical subjects, and surgical crime is not written on the statute books. If this paper will cause the college professor, student and general practitioners, to study the action of drugs, their specific indications, physiological action, etc., more fully, I will feel amply repaid.

WELL! WELL!

Church—The doctor said I must go to a certain well and drink the water every day.

Gotham—Do you suppose there was any benefit in the water?

"No, I think it was for the exercise that he prescribed that particular well."

"It was a long way off?"

"Yes; you see I was far from well"—Yonkers Statesman.

"INTERMITTENT FEVER."

BY H. H. HELBING, M. D.

It is variously called ague, chills, malaria, etc. It is characterized by paroxysms, including three stages during each paroxysm, the cold, the hot and the sweating stage, and there is also a period of remission between each paroxysm.

There are three types of this disease: the quotidian, the tertian and the quartan. In the first the paroxysms recur daily, in the second every other day, and in the last named every third day. The quotidian type is found mostly among infants and children under eighteen months of age and the tertiary in children older than this.

There are various theories as to the cause of this disease. The following is the biochemic theory. During hot weather the human system becomes surcharged with water. This surplus is carried off through the lungs, oxygen having an affinity for water, but if the sodium sulphate, one of the mineral salts of the blood which has an affinity for oxygen, becomes deficient, this surplus water is not removed and consequently malaria occurs. The chill is an increased exertion of the system to throw off the surplus water and is always followed by increased circulation and perspiration. It comes every twenty-four or forty-eight hours because it requires about that length of time for the system to become surcharged. One proof of this theory is that dry air will cure the disease. The allopathic etiology is that the plasmodium malariae or bacilli cause it, instances being recorded where mosquitoes have carried the bacilli and infected patients.

The predisposing cause is a favorable nidus such as ill health or low vitality, while the exciting causes are damp-

ness; marsh miasm and decayed vegetation. The disease is said to have existed in the foetus, the manifestations of the disease occurring after birth. The symptoms in children differ somewhat from those of the adult, in that the cold and sweating stages are less marked in childhood and especially so in infancy. The chill is manifested by paleness of patient and blueness of the lips, scarcely ever any shivering as is the case in adults. Fever quickly follows which reaches 103 to 105 and is of two or three hours duration, after which the sweating stage or stage of excretion supervenes. In infants, i. e., babies under six months of age, there will be no perspiration, as the sweat glands are yet undeveloped.

Often in the acute form of this disease the temperature reaches 106 degrees without danger, the fever or hot stage being more active in children in consequence of the chill being light.

During remission the patient plays and is seemingly healthy especially in the tertiary form. The spleen is in most cases enlarged to ascertain which we gradually pass the fingers from a point near the umbilicus outward toward the spleen, making deep pressure. If the child cry or contract the abdominal muscles the spleen cannot be felt. The spleen may be outlined in about one-third of the cases, and these are usually of the chronic form where the enlargement is marked.

The treatment will be indicated remedies, such as sp. aconite for small frequent pulse; sp. gelsemium for active congestion, bright eyes, etc., and sp. belladonna for passive congestion. For the disease proper give sp. euonymus 10 hydrastis if there is a yellow coated tongue at base; podophyllin for uniformly pasty tongue. If quinine is used, often a preparatory treatment as above to improve digestive organs is necessary. In younger children I always prefer to use quinine, if at all, by inunction using lard as a base or if an acid is indicated, dissolve in vinegar and apply. I

have used the biochemic treatment in children with success, giving natrum sulph. five grains 3x every three hours. The advantages of this remedy is its pleasant taste.

The chronic quartan or any form of chronic chills will give us trouble; usually having been the rounds of the physicians and having received many courses of medicine and quite a sufficient amount of quinine, we will usually succeed with these just in the measure of our departure from old school lines of treatment. Often the indicated alkaline or acid remedy will cure a case of this kind, but the spleen must always be looked after and for this purpose the polymnia uvedalia ointment applied locally including the application of heat and friction in connection with sp. polymnia internally will be a valuable adjunct to the treatment.

Among the remedies that are useful will be tr. alstonia constricta, sp. cornus fl., arsenic and strychnia. The last named is indicated by indentations of teeth on tongue remaining. Indications for arsenic are moist tongue, light color, full in center with incurved edges.

Be sure that the excretory organs are doing their work before administering quinine and then it is well to combine it with some remedy to overcome its drastic effects.

THE ETIOLOGY OF TUBAL PREGNANCY.

W. Hahn (Munch. med. Woch., Feb. 16, 1903) has given the subject of tubal pregnancy considerable study of recent years, and is of the opinion that gonorrhea is its most frequent cause, it being seen most often in large cities, where gonorrhea is so prevalent. Hahn thinks the great increase of tubal pregnancy noted in recent years is due to the wide spread of gonorrhea and in part to the more exact methods of diagnosis and treatment. The condition is not an uncommon one, but is comparatively frequent. The prognosis is not to be regarded as was formerly believed, as the results of operative and non-operative cases show. The best prophylaxis against tubal pregnancy is the prevention of gonorrheal infection.—[Medical Age.

SOME CAUSES OF CANCER.*

BY ALEXANDER WILDER, M. D.

The Registrar-General of Ireland has reported an extraordinary increase in the number of deaths from cancer in different countries. In Ireland the ratio of such deaths in 1864 was only 2.7 per ten thousand, whereas, in 1891 it was 6.5—more than double. In England and Wales it has increased during the same period from 3.9 to 8.3, and in Scotland from 4.3 to 8. In the United States there has been a similar increase, while in Norway, Prussia, Holland and Austria it has been even more rapid. In Ireland in 1901 the number of deaths from cancer was 2,893. The total population is about five millions, and the annual death rate—about 102,000.

Dr. Brown, of the Berkshire (Mass.) Sanitarium, where this disease is treated, recently declared that a hundred thousand deaths a year took place from cancer in the United States. This is without doubt an exaggeration; nevertheless the disease is increasing at such a rate as to warrant apprehension. There should be a rigid investigation instituted, and it should be carried on to the farthest extreme. There would be no such increase except there had been precedent to it a steady deterioration in individual constitution, in physical integrity and vital energy. The causes of this condition must be sufficiently palpable to enable some of them to be definitely ascertained.

Probably the tobacco habit may be arraigned as prominent in the number. The persistent use of an agent so potent and poisonous as tobacco, inevitably lowers the vitality, and the nicotism which is a contamination of every fluid of the body, must be a prolific cause of nervous and glandular disease. The tobacco user bears no charmed life.

*Read at the annual meeting of the Eclectic Society of New Jersey, June 18, 1903.

It is also significant that the countries which the Registrar-General has enumerated as exhibiting rapid increase of deaths from cancer, are those in which, during the period indicated by him, the populations have been required to submit to vaccination. The prevalence of the malady appears to sustain a very close correspondence with the severity of the enforcement. This must be more than a coincidence. A disease, however occasioned, is a deterioration of vital stamina, a breach of the integrity of the constitution. The first step is the one that costs. When an individual has been once disordered there is in consequence a susceptibility to disease in various forms. The inflicting of the vaccine disease upon a person is therefore an opening of the way for other inroads upon the bodily health. It bears an analogy to the violating of the chastity of a young man or maid. Contamination having been introduced, the way is opened for repeated invasion.

It is a significant fact, nevertheless, that the number of women suffering with cancer is several times larger than that of the other sex. Yet women are naturally more capable of enduring, and have a more tenacious hold on life. There must, therefore, be other causes than those which have been already suggested, for a disease so terrible to be so much more common with them. There are doubtless several, but one which seems to be becoming universal, evidently transcends the rest.

Some thirty years ago, Dr. Thaddeus Reamy, a physician and professor in a medical college in Cincinnati, declared in a paper which he read to a medical society, that the practice of abortion was general in that region, and that prospective mothers were taught it by their family physicians. The medical society appointed a committee to investigate the matter, but after a faint show of activity, the enquiry was hastily dropped. Dr. Reamy then volunteered

the further assertion that the practice extended over the whole country.

What was true then is true now—not only in the United States, but in the several countries usually classified as Protestant. Whether it is the case to any considerable extent with Jews or Catholics, I do not presume to say. The Hebrew Scriptures mention the existence of numerous children as proof of the special power of God, and Catholics confidently adduce the fact that they have larger families than Protestant husbands and wives as foreshadowing that they will gain the upper hand in this country.

The vast increase in number of surgical hospitals and surgical operations of which women are the principal subjects is evidence in the same direction. It seems as though the greatest stress in many of the medical schools was placed on instruction in surgery and surgical gynecology, as though materia medica and medical treatment were relatively matters of less importance. We may note the same thing at the World's Medical Congresses, as was the case at the one held at Washington. It is certain that a large proportion of the "medical profession" *soi disant* derives pecuniary support from a practice which may not be classed as moral or legitimate; and it is by no means improbable that the endeavors in the several States of the Union to procure Legislation to regulate and circumscribe medical practice has been sought with an eye open to a monopoly of the emoluments of this department of gynecologic surgery.

Where there is such tampering with the body and its functions, there can be little immunity from painful and malignant disease. The female organism is accordingly made subject to the most terrible maladies as the penalty of these errors and execrable practices.

Sir Francis Galton also declares that mental shock is a most prolific cause of cancer. Observation goes far to confirm this statement. Disappointment of cherished hopes

blights the nervous forces and disorganize the bodily functions. This is often remarked in the case of sensitive women, but it is potent also with individuals of the other sex. We have a conspicuous example in the first Napoleon. It may be pleaded that in his case the disease was hereditary. But even then there was an analogous exciting cause, the corroding disappointment of defeat; and it may be further insisted that the inheritance, if there was anything of the kind, was not an actual disease, but only a peculiar susceptibility that might escape arousing. But defeat, the disappointing of ambition, exile to the unhealthy island of St. Helena, and the brutal treatment of Sir Hudson Lowe were sufficient to energeise that susceptibility into active malignity.

There are analogous causes all around. The present period is characterized by excessive worrying and excitement. The passion to get rich quick appears to be general. The successful few are adding millions to millions, and in doing this they subject themselves to corroding anxiety and exhausting labors which others know little about and do not understand. The many are kept in terror lest in the mad struggle for wealth their very means of subsistence shall be wrested from them. Thus worry is made their lot from day to day.

Such conditions are morbid and morbidic. Till they shall be remedied, till this deadly anxiety shall be mitigated, till our men and women shall cease to worry thus incessantly, and quiet of mind shall supervene, we can only expect that disorders incident to overwrought energies and exhausted nerves will be numerous. If nervous shock and such conditions cause cancer as Sir Francis Galton has affirmed, then cancer is certain to increase upon us. It may not become as frequent as consumption, but it will manifest itself often enough to warrant lively apprehension and alarm; and indeed, its occurring at all is a sorrowful commentary upon our habits of living.

Doubtless there are other causes. The vices which have prevailed over the civilized world, have left their trail behind. In particular, syphilis, which overran Europe like an epidemic four hundred years ago, has continued ever since to yield its harvest of ailments so often mysterious to trace and hard to define. The wars which have desolated Europe, degrading the population and indelibly disgracing its Christianity have been fruitful originators and disseminators of epidemic. Indeed, moral obliquity, whatever its form, is certain to work its full results in the contaminating of mind and body.

THE RELATION OF BLOOD PRESSURE TO SHOCK.

BY CHARLES R. SOWER, M. D., INDIANAPOLIS, IND.

It is not my purpose to present anything new on this subject, but rather to call attention to the physiological basis for this most troublesome condition that we may combat it most intelligently. I shall define shock as a "general depression of the vital functions due to lowered blood pressure brought on by vasomotor paresis of central origin, and occurring either as a result of considerable loss of blood in the larger abdominal venous trunks or to contusion of the sensory nerves." Whatever view we may take of the condition it resolve itself primarily into a vasomotor paralysis with a congestion of the greater part of the blood in the abdominal vessels.

In order to appreciate this condition a thorough knowledge of the maintenance of blood pressure is necessary. It is a well-known fact that the quantity blood within the body varies greatly, not only in different periods of the day, but in a comparatively short time changes greatly. Notwithstanding this constant variation in the amount of blood with-

in the body the degree of pressure within the vessels under normal conditions remains practically the same.

This constant pressure, under the varying amount of blood, is maintained by one of two ways or by a combination of these, viz.: either by a change in the force and frequency of the heart's action, or by a change in the peripheral resistance to be overcome. In either event the result is brought about by sensory impulses affecting the vasomotor nerves or by similar impulses affecting the augmentor or depressor nerves of the heart. Under normal conditions the relative supply of blood to a part will be determined by the constructive metabolism necessary in the part affected, and this supply of blood may be brought to the part without, in the least, changing the action of the heart. For example if the muscles of the hand are brought into active exercise, in order for the metabolism to maintain the strength, by repair of waste and removal of debris the muscular coats of the arterioles supplying the hand are relaxed and their calibers increased, thus increasing the blood supply. With this change in the lumen of the vessel there occurs in some other part of the organism a contraction of the arterioles thus maintaining the equilibrium of pressure. It is a physiological truth that we can not have a congestion of one part of the body without a corresponding anemia of some other part. The application of this statement to the condition known as shock is readily seen. The abdominal veins are capable of containing the greater part of the body. The arterioles supplying this area are controlled largely by the splanchnic nerve, and any condition producing a paralysis of the vasomotor center in the medulla resulting in a dilatation of the arterioles in this area simply bleeds one into their own abdomen, with a corresponding anemia of the brain and cord and surface of the body.

The factors producing this condition are various. We have acquired the habit of thinking of shock principally in

connection with surgical procedures, but surgery alone is responsible for only a portion of the cases. The cause of shock for convenience of study may be divided into three general classes, viz.: First, the traumatic. Second, the physical or emotional. Third, the toxic. Whatever be the cause the effect is the same, the exhaustion of the vasomotor centers.

As an example of the traumatic, we have the effect shown of a sudden blow on the abdomen. Parascandola recently repeated Goltz's well-known experiments using guinea pigs. Stretching them by their feet he gave them a sharp blow on the abdomen with a ruler, after a period of temporary quiet most of them became apparently well, but in the course of thirty-six to forty-eight hours they died with symptoms of exhaustion or shock. The study of the cells in the brain and cord revealed certain changes of the cell structure. As a result of the central disorder the vasomotor system becomes unable to control the muscular coats of the arterioles and the blood accumulates in the parts offering the greatest resistance to its return, which condition is best found in the abdominal veins. The manipulation of certain parts of the body has a decided effect on the vasomotor centers. The handling of the intestines markedly lowers the blood pressure. Death from shock by the crushing of a testicle is not an uncommon occurrence. In removal of a testicle the simple tying of the cord is followed by a marked fall in the blood pressure. Manipulation of tumors about the neck where such manipulation brings us in contact with the vagus nerve results in the lowered blood pressure, in this instance by change in the heart's action. Irritation of the region supplied by the superior laryngeal nerve has a marked effect on the vasomotor center. The removal of a foreign body from the larynx has often been followed by lowered blood pressure and death. This effect has many times been noted in intubation. Cutting through the cricoid cartilage into the air passage is a simple operation in itself, yet has

often ended in shock and death due to the sensory impulses carried by the nerves distributed to this part.

In a medical way, the well-known phenomena of perforation in typhoid fever, in appendicitis or an ulcer of the stomach is not due so much to the absorption of toxins as to the reflexes affecting the vasomotor centers, resulting in shock. A cerebral hemorrhage, an acute congestion of the gastro-intestinal tract from the irritation of foreign substances are well-known instances, and examples might be multiplied in the field of general medicine. As to the psychic or emotional causes many well-known instances might be cited. The case of the janitor in a certain college, who, having obtained the ill-will of the students, was made the subject of a practical joke is one in point. He was taken to a lonely wood and there was told that he was to be beheaded. The block was prepared and the executioner stood by with the ax. In vain, he sought a telltale look among the faces of the students. Everywhere was a look of stern determination. He was blindfolded, his neck laid upon the block and, instead of the axe, a wet towel descended gently on the neck. Much to the surprise of the students they had executed better than they knew. The janitor died from paralysis of the vasomotor centers due to the emotional disturbance. Similar instances might be given. Of the toxic causes the effects of well-known drugs such as aconite needs no comment. We are perhaps, more interested in the toxins found in grave septic conditions such as occur in erysipelas, puerperal sepsis, diphtheria and other conditions where as a result the nervous centers are overwhelmed and shock produced. The effect, being not alone on the vasomotor nerves, however. The causes heretofore mentioned, bring to us some interesting things in the treatment of the condition, both prophylactic and active. In the operations about the distribution of the superior laryngeal nerve, the application of cocaine prevents the reflex vasomotor influence. In oper-

ations involving manipulation of the vagus, a hypodermic of atropine will prevent the inhibitory impulses.

In manipulation of the intestine a physiological dose of cocain has been found to prevent the paralysis of the splanchnic area. In operations on distant parts the so-called "blocking" of the nerves by cocainizing prevents the sensory impulses inducing reflex vasomotor paralysis. Again the administration, prior to operation, of stimulants as brady, strychnia, etc., are of advantage. The thorough cleansing of the bowels before operation prevents shock by permitting of collapse of the bowels and hence a better control over their blood supply. In abdominal operations, the Trendelenberg position favors the prevention of shock, as does filling the abdomen with salt solution. The promotion of the circulation in the surface of the body is of value as well as the prevention of chilling of the surface. An abdominal binder is sometimes of value. It is probably due to the intra-abdominal pressure of the gravid uterus that prevents accidents with chloroform in labor. In anemic cases, the use of salt solution before operation will often prevent shock.

As to the treatment of condition itself, but little need be said save that volatile stimulants, strychnia, massage of abdomen, heat, vasomotor stimulants are all of value. Based on diminished peripheral resistance or a disturbed circulatory equilibrium, Crile, of Cleveland, has recently perfected the pneumatic suit designed to restore by artificial pressure the peripheral resistance. The use of salt solution is capable of much abuse. Too much of the solution adds to the trouble by over distention of the vessels. The value of salt solutions in this condition, perhaps, lies in the fact that as the secretory functions are impaired, the saline solution washes into the blood stream the secretion of the adrenals and pituitary body, thus increasing the blood pressure by their effect on the vasomotor centers. The use of solution of adrenalin will probably never prove of much value owing,

first to its evanescent effect, and secondly, to the difficulties in the way of continuous administration.

The problem of the prevention of fatalities in anesthesia is one that will be worked out along these lines. It is not the effect of the chloroform on the heart so much as the tendency to paralyze the splanchnic area. The untoward effects of the anesthetic will be overcome by vasoconstrictors and by careful selection of the period of operation. I believe that the administration of any anesthetic is rendered more dangerous by being given in a period when certain physiological changes are occurring in the nonstriated muscular structures of the body.

In conclusion, let me say, that I believe that the observation of the tone or tension within the artery is the most important index of the condition of our patient, and particularly is this true in operations under an anesthesia.—[The Medical and Surgical Monitor.

FISSURE OF THE RECTUM.

Fissure of the rectum may be relieved by holding the fissure tightly under the pressure of one finger during evacuation of the bowels, the friction on the fissure and the subsequent irritation thereby being avoided.

Immediately after evacuation of the bowels wash the fissure and anus perfectly clean with cold water to prevent the inflammation and pain which usually follow.

Immediately after washing with cold water insert in the anus a pinch of soft cotton, covering the fissure to relieve it from the heat and pressure of its surroundings.

A doctor usually wears a full beard. He does so possibly through ignorance of the fact that a beard makes an excellent carrier of contagious diseases.—[Medical Talk.

SOCIETY NEWS.

THE MAINE ECLECTIC MEDICAL SOCIETY.

The Maine Eclectic Medical Society held its 38th annual meeting at the New Falmouth Hotel, to-day, convening at 10 a. m., with its president, Algernon Fossett, M. D. of this city in the chair.

Among the distinguished visitors were Prof. Alexander Wilder, M. D., an ex-secretary of the National Eclectic Medical Association, the author of Wilder's "History of Medicine," and an honorary member of many learned bodies of Newark, N. J., and Frederick Wallace Abbott, M. D., an ex-president of the Massachusetts Medical Society and one of the New England Eclectic Medical Association, a censor to the Eclectic Medical College of the city of New York, and an honorary member of the Vermont State Eclectic Medical Society, the Connecticut Eclectic Medical Association, and the Maine Eclectic Medical Society, of Taunton, Mass.

The president's address, an extremely practical paper, was read at 11 a. m., and Dr. Fossett received the vote of the Society therefor.

Sylvina A. Abbott, M. D., corresponding secretary of the New England Eclectic Medical Association, of Taunton, Mass., was elected a member, and Prof. Marshall B. Ketchum, M. D., editor of the Lincoln Medical Outlook, Lincoln, Neb., was made an honorary member.

The following officers were elected for the ensuing year: President, Alfred Horace Flower, M. D., Boston, Mass.; vice-president, J. E. N. Bohemier, M. D., W. Warren, Mass.; recording secretary, Frank W. Snell, M. D., Dennysville, Me.; corresponding secretary, Edward Palmer, M. D., W. Garland, Me.; treasurer, Theophilus J. Batchelder, M. D., Machias, Me.; librarian, Emma F. Marble, M. D., Gardiner, Me.; councillors, Drs. Josiah L. Wright, Algernon Fossett and Sylvina A. Abbott.

Drs. Alexander Wilder and Frederick Wallace Abbott, were appointed delegates to the National Eclectic Medical Association. Dr. Alexander Wilder and Henry Reny, delegates to the New England Eclectic Medical Association.

The annual dinner, which was one of the New Falmouth's best, was held at 2 p. m., after which the society reconvened for the reading and discussion of essays.—Portland Daily Press, May 28, 1903.

The American Medical Journal.

MONT. M. HAMLIN, M. D. Editor and Proprietor.

Contributions, Books for Review, Exchanges and other communications should be addressed to The American Medical Journal, 2900 Lawton Avenue, St. Louis, Mo.

\$1.00 A YEAR IN ADVANCE.

| SINGLE COPY, 10 CENTS.

EDITORIAL.

THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

The meeting of the National at Indianapolis, June 9th, 10th and 11th, 1903, was a splendid success as to numbers and enthusiasm. The entertainment given the National by our Indiana brethren was all that could be asked, in fact it was a royal reception. St. Louis was pretty well represented, Drs. Younkin, Clayberg, Helbing, Upshaw, Stephens and Hamlin doing the honors for the World's Fair City; and Drs. Palmer and March represented Kansas City. No others from Missouri were noted.

The first day was taken up principally by the reports of the officers, addresses of welcome, president's annual address, etc. The association was greatly interested in the treasurer's report, it showing a balance on hand of considerable proportions. The collections at this meeting were the largest ever made at a single meeting in the history of the association—being something like \$1200.

There was a long list of papers on hand, the majority of which had to be reported by title, and those that were read were not discussed for the want of time. Nearly a hundred new members were added to the list and plans were laid to still further perfect organization in all states and thereby stimulate a greater interest in the National organization.

The Eclectic representative on the State Board of

Health of seven different states to-wit: Iowa, Illinois, Missouri, Indiana, Ohio, Wisconsin and Oklahoma, was in attendance. And by arrangement these State Board members met at 8 o'clock the morning of the second day in the parlors of Hotel Claypool and organized by the election of Dr. Canfield, Ind., president, and Dr. Stevens, Wis., secretary. The object of this organization is primarily to secure reciprocity of registration between the different states. But this will be more fully set forth by the secretary shortly in all the Eclectic journals. Uniformity of registration laws in the different states is certainly one of the crying needs of the present time. We hope every Eclectic will lend a helping hand to the end that such laws may be passed by all states. This is the plan that this Journal advocated four years ago—a universal registration law. So that if Dr. A. is registered in Illinois and should move to Iowa he would simply be required to present his certificate of registration to entitle him to practice in Iowa.

One of the interesting features of the meeting was the car ride and visit to the Eli Lilly & Co.'s plant. After going through this splendid building and seeing all of the different processes of manufacture of powders, pills, triturations, fluid extracts, tinctures, syrups and elixirs, took a final inspection of the Hypodermic Tablet department and at this juncture we were treated to an address by Prof. John Uri Lloyd in which he gave a history of the Eli Lilly & Co.'s career from its small beginning thirty years ago to its present splendid and elegantly equipped four-story building and its world wide reputation of to-day. We were conducted through this magnificent plant from basement to fourth floor by employees of the firm who took great pains to explain everything. The feature that most impressed us was the cleanly appearance of the place not the semblance of dirt could be found; everything was clean, clean floors, clean machinery, clean drugs and

above all, clean, honest men at the helm. We use lots of Eli Lilly's goods and in the future we shall use lots more of them.

The third day was taken up in section work on surgery and obstetrics, election of officers and place of next meeting. The officers elected are: President, Rolla L. Thomas, M. D., Cincinnati; 1st vice-president, F. L. Wilmeth, M. D., Lincoln, Neb.; 2nd vice-president, J. A. McKlveen, Chariton, Ia.; 3rd vice-president, Dr. Winters, Indianapolis; secretary, Finley Ellingwood, Chicago; treasurer, W. T. Gemmill, Forest, Ohio; correspondence secretary, Florence T. Duvall, Atlanta, Ga.

St. Louis next place of meeting. Time of meeting left with Executive Committee.

During the thirty-third session of the National Eclectic Medical Association, held at Indianapolis, June 16th, 17th and 18th, 1903, it was considered to be advisable to have a meeting of the members of the State Medical Examining Boards in attendance. The following named gentlemen assembled in the parlors of Claypool Hotel for such a purpose: M. S. Canfield, Frankford, Ind.; J. A. McKlveen, Chariton, Iowa; Eckley Sharpe, Orlando, Oklahoma; W. H. Hipp, Chicago, Ill.; S. M. Sherman, Columbus, Ohio; M. M. Hamlin, St. Louis, Mo.; J. V. Stevens, Jefferson, Wis., and were organized by electing M. S. Canfield, M. D., President, and J. V. Stevens, M. D., Secretary.

A full and very general discussion of the advantages to be derived from such an organization of Eclectic Medical Examiners followed. It was the opinion of all present that there was need of working for more uniform laws that would make possible the advancing of the "reciprocity" idea more rapidly. It was the consensus of opinion of all of those present that this was a very important object to be accomplished and should have the united and hearty support of all. Dr. McKlveen spoke of the meeting of the American

Confederation of State Medical Examining and Licensing Boards to be held in St. Louis in October, 1903, and invites all to come. A comparison of the different methods of conducting the work of the various "Boards" represented was made and many suggestions were offered for improving the methods now in use.

The question of separate or "mixed" boards was discussed fully and it was unanimously agreed that the latter was the better plan without any question and was giving better results where it is followed in every way. Moved and seconded to adjourn to meet at the call of the president. Carried.

J. V. STEVENS, Secretary.

M. S. CANFIELD, President.

THE AMERICAN MEDICAL COLLEGE.

The 31st annual announcement of the American Medical College will be mailed out within a few days. The last year has been one of the best in history of the institution and from present indications this year is to be equally as good. The facts are the college is now in position to do better work than ever before, its laboratories have been fitted up anew and its faculty is as good as the best. The men at the helm have had long years of experience in college work and are still engaged in active practice with just enough young, active men added to give vim and vigor to the work. Prof. Edwin Younkin whose name adorns every diploma that has ever been conferred by the college is giving the very best course of lectures in his long and successful career as professor of surgery. Prof. Wm. M. Kinsey who has been connected with the college for more than twenty years still manifests great enthusiasm in the work. And Prof. John L. Ingram, the prince of lecturers, will continue to give the boys physiology as of yore. We therefore look for a great year's work. Truly the American Medical College moves forward.

THE LLOYD LIBRARY.

The Cincinnati Lancet-Clinic in an editorial reference to the public libraries of that city closes its remarks on the subject by the following reference to Prof. John Uri Lloyd:

"It is not to be forgotten in this relation that Prof. John Uri Lloyd has one of the most unique and valuable medical and scientific libraries in the world, located but a short distance from the Cincinnati Hospital Library, upon the shelves of which are to be found many rare and costly books. Three days in every week this library, with its many treasures, is open to all reputable physicians. The Lloyd library represents the work of a lifetime. Mr. Lloyd is an ardent lover of books, and, fortunately, has an abundance of means to gratify his love of such lore. He is one of the largest-hearted men in this great nation, and is never more happy than when entertaining some congenial spirits in the home of his library. He writes stories called fiction, but having a solid foundation of literal truth, and as a scientific author stands on the topmost rung of the ladder of fame. It is a good thing for any physician to be able to say he knows Professor John Uri Lloyd, and, still better, that he has known the Professor for a very long time. But stop right here. When the writer has for a theme the personality of Professor Lloyd he is warming up to a dear and well-beloved friend of very many years' standing."

A STRONG BOARD.

In Arkansas the different schools of medicine each has its own board of registration. The following constitutes the new Eclectic Board: W. H. Simmons, M. D., Rector; J. W. Tibbles, M. D., Grange; W. M. Allison, M. D. Bee Branch; W. C. Hudson, M. D., Mulberry; R. L. Smith, M. D., Russellville; W. S. Mays, M. D., Gurdon; J. L. Vail, M. D., Little Rock.

We are personally acquainted with each and every one of the above members of the Arkansas Eclectic Medical

Board and have no hesitancy in saying that the Governor has made no mistake in appointing them. These men are all honorable, upright and capable, and they will hold up the banner of Eclecticism to a standard hitherto unknown in the state. We congratulate the Eclectics of Arkansas upon the selection, but we sympathize with the members of the Board.

We desire to thank Dr. J. B. Hinkle, of Mt. View, Ark., for a list of names of prospective students with the request that we mail an announcement to each.

An eclectic physician having died his widow would like to sell his library, battery and medicines in a bulk, cheap. Any one wishing to purchase will kindly address Mrs. H. F. Prentiss, California, Mo.

We note with pleasure the fact that Dr. C. A. Tucker, American, 1903, has been selected Supreme Physician for the Modern Home Life Association, of Golden City, Mo. We know that the doctor's many friends will rejoice with us in his good fortune. Eminently qualified and with energy and determination enough to move a stone wall, Dr. Tucker will succeed anywhere and any old time.

Nothing succeeds like success is an old saying; and it was Bobby Burns who said "the best laid plans of mice and men often gänge aglæ;" or something that sounds like that. We have seen both sayings fully exemplified recently.

The editor was called to Pacific, Mo., June 18th, to attend Mr. Strattmann who had been bitten on the finger by a copper-head snake. Prior to our arrival two physicians (O. S.) had been called and our patient was of course full of whiskey and morphine. We had taken a good supply of echafolta from our office and proceeded to use it liberally, both locally and internally. The patient made an early recovery. We noted; that under whiskey and morphine, and he had had both in ample abundance, he suffered great pain

and the arm was enormously swollen; a few hours of echafolta relieved the pain and the patient had rest and some sleep. And six hours after beginning this treatment, nearly four ounces having been used, the swelling was considerably less, the sick stomach and vomiting had ceased and the worst was over.

Dr. J. A. Brockman, American, 1903, has located at Glensted, Mo., and is doing a good business. Success, Lonnie.

Dr. Chas. E. Cochran, A. M. C., 1903, is at present with Dr. Brockman at Glensted, Mo. Charlie will succeed wherever he locates, he's got the stuff in him that makes good doctors.

Dr. Wm. H. Sitton, Eclectic University of Kansas City, 1903, is located at Collins, Mo.

FOR SALE AT A GREAT BARGAIN.—Physician's location in the heart of the apple orchard of Northwest Arkansas. Established eight years. Fully 75 per cent. of work cash in hand. Good roads. Office outfit and thorough introduction, \$300. The place for a young man. Write "A.," care American Medical Journal, St. Louis, Mo.

SOME ECLECTIC BOOKS.

The editor has on hand some few copies of the latest and best books by Eclectic authors and would be pleased to supply them at publishers' prices, to-wit: Webster's New Eclectic Practice, complete, \$6.50 (or can supply Vol. II to those having Vol. I if desired to complete the work—at \$3.25.) Ellingwood's Materia Medica and Therapeutics, cloth, \$5.00; sheep, \$6.00. Fyfe's Essentials of Materia Medica, \$2.00. Mundy's—Diseases of Children, \$2.50. Foltz—Diseases of the Eye, \$2.50. Also a few copies of the *Composite Man*, by E. H. Pratt, \$1.50.

By the way, this last is one of the most unique and interesting books we have seen. Doctor, you should have it by all means. Of course we can furnish any other book in the medical line at publishers' prices but these mentioned above we can and do most heartily recommend. Send your order to M. M. HAMLIN, 2900 Lawton Avenue, St. Louis, Mo.

PUBLISHER'S DEPARTMENT.

COUNTRY SURGERY.

BY F. E. BURGEVIN, M. D., SPIRO, I. T.

(Reprint from The Surgical Clinic, March, 1903.)

Having been requested to furnish some notes of my surgical cases for the Surgical Clinic, I respond with pleasure to the call of duty, a labor of love, as it were. Here at Spiro in the Indian Territory, we do not possess the same facilities for operating as are enjoyed by the surgeons of Chicago, but excepting a few victims of railroad accidents who were promptly shipped to the railroad hospital at Kansas City, under care of the chief surgeon, I have not had to send away many surgical cases. As a rule we do our own surgery, and while we cannot show as brilliant results as Senn, Ochner or Morris, we "get there just the same." I have not yet been so unfortunate as to lose one of my surgical cases. Of course that is more luck than skill.

I will illustrate by a few emergency cases just how we do our surgical work, that the younger and more timid brethren may take heart. Remember we have not the resources of a hospital to fall back upon, and are not over-burdened with instruments or appliances.

CASE 1. Purulent hepatitis. Mrs. T., 29, one child, 4; for three weeks had been under the care of another physician, who had diagnosed appendicitis and advised an operation, which was refused. I found a large tumor in the right hypochondriac region, eighteen inches in circumference, reaching from the upper edge of the liver to within one inch of McBurney's point; firm, symmetrical, tender on pressure, no discoloration or fluctuation, considerable pain not entirely relieved by opiates, temp. ranging from 102 to 103.5, pulse 100 to 112, face flushed and anxious, history of chills and fever, with gradual onset of present symptoms complex.

Diagnosis, abscess of the liver, by exclusion. She grew steadily worse in spite of our best efforts, and they consented to an operation. My association and I put her under chloroform, and an exploratory incision was made the full length of the tumor, about five inches, dissecting down to the abscess cavity through the superimposed tissues, feeling our way, so to speak, as we both realized that we were treading on holy ground. However, the abscess, which originated in the superior lobe of the liver, had been pretty well walled off from the peritoneal cavity. We evacuated about a quart of greenish pus, then attaching a small nozzle to a two-quart fountain syringe we scoured out that same cavity, first with a gallon of plain hot water, then with a hot solution of Hydrozone, which was continued until foaming ceased. The cavity was then packed with iodoform gauze, the wound brought together with catgut, leaving an inch open at the lower end for drainage; the edges cleaned with pure Hydrozone, then dusted thickly with boric acid. Gauze and a bandage completed the dressing.

The alarming symptoms that presented were met with hypos of

glonoin and strychnine. Calcium sulphide was give a free hand from the beginning. We removed the gauze on the third day, repeated the washing with hot solution Hydrozone and dressed as before; not a drop of pus was seen after that, and healing was rapid. She had no more pain or fever after the operation, and made a record-breaking recovery.

CASE 2. Boy, 15, jumped off a train while in motion and was thrown against a side track, cutting a deep gash in the forehead over the right eye. An hour later I found him comatose, pupils contracted, insensible to light, pulse thready and fluttering, considerable hemorrhage. Strychnine and glonoin brought about reaction, the wound was carefully cleansed according to my usual method with Hydrozone, stitched together and dusted over with iodophyll. Reaction was met by a cold hood, aconitine and eliminants. The boy was soon well.

These cases are taken in the order as they occurred, and seem to show what we have been doing in this line recently, and how we country practitioners handle emergency work.

In another report I will give an account of some of our surgical procedures for the relief of chronic diseased states, and what we have been able to accomplish in that direction.

PUTREFACTIVE PROCESSES.—As an antiferment, to correct disorders of digestion, and to counteract the intestinal putrefactive processes in the summer diarrheas of children. Listerine possesses great advantage over other antiseptics in that it may be administered freely, non-tonic, non-irritant and non-escharotic; furthermore, its genial compatibility with syrups, elixirs and other standard remedies of the *Materia Medica*, renders it an acceptable and efficient agent in the treatment of diseases produced by the fermentation of food, the decomposition of organic matter, the endo-development of fetid gases, and the presence or attack of low forms of microzoic life.

An interesting pamphlet relating to the treatment of diseases of this character may be had upon application to the manufacturers of Listerine, Lambert Pharmacal Co., Saint Louis.

SANMETTO IN FREQUENT INCONTINENCE IN THE AGED, IN ENURESIS NOCTURNA IN CHILDREN AND IN PRE SENILITY.—I have had good results from the use of Sanmetto in nocturnal enuresis of children; also have prescribed it in cases of frequent micturition in old people, with marked benefit; also find it beneficial in pre-senility. I think it is a good medicieue in all cases where anything of its nature is indicated.

S. W. BADGER, M. D.

Athens, Pa.

SEVERE REFLEX PAIN.—J. H. Tilden, M. D., of Denver, in the June number of the *Chicago Medical Times*, in an article advocating the use of tampons in gynæcological practice, reports, among others, a case which was characterized by severe reflex symptoms and which had not yielded to the treatment accorded by other practitioners. Dr. Tilden's procedure was, the introduction of glycerine tampon and the administration of antikamnia in ten grain doses (two five-grain tablets) to relieve the pain. The tampon was removed each night at bedtime and followed with hot water injections. The patient on being discharged, remarked, that since following this treatment she could run the sewing machine without the usual pain and tired feeling.

AMENORRHEA.—A very frequent condition for which the practitioner is consulted is suppression of the menses owing to exposure to a cold or to mental emotion. To restore the flow in these cases and to prevent the occurrence of uterine disease during the period of its re-establishment the administration of Hayden's Viburnum Compound is very useful owing to its soothing effects upon the nervous system, its antispasmodic action, and its power of reducing congestion, thereby preventing inflammation. In cases of true amenorrhea, such as occur from change of climate, overwork, malnutrition, anemia, chlorosis, phthisis, and other exhausting diseases, the systematic administration of Hayden's Viburnum Compound, in connection with general hygienic dietetic, and supportive treatment, is of great benefit. It will relieve the distressing symptoms occurring especially at the time when the menses are due, such as neuralgia, flashes of heat and cold, colicky pains in the abdomen and also promote the return of the flowing to its tonic action upon the relaxed generative organs. If the amenorrhea be due to uterine disease this preparation will be found a most

efficient adjunct to other measures. It is especially indicated in cases in which the absence of menstruation is due to a poor development of the uterus, being administered in connection with faradism, dilatation, massage and other measures.

For shaking palsy nothing excels tinct. Aesculus Glabra, one-half drachm, CELERINA, eight ounces. Teaspoonful every two or three hours.

NEURILLA
NERVE CALMATIVE
NERVE HEALTH
follows its use.
Dose: Teaspoonful every half hour until
nervousness is abated,
then four times a day.
Teething Children 10 to 20 drops.
DAD CHEMICAL COMPANY,
NEW YORK.

THE AMERICAN MEDICAL JOURNAL.

VOL. XXXI.

AUGUST, 1903.

No. 8.

ORIGINAL COMMUNICATIONS.

MORE POINTS FOR THE INSURANCE EXAMINER.

BY WM. H. RUSSELL, M. D., IPSWICH, MASS.

On page 200 of the April number of the Journal was an article by G. M. Waters, entitled "Points for the Insurance Examiner." The principal point which the doctor brought out was, that doctors acting in the capacity of examiners for life insurance should be "honest." It is my opinion that the medical profession, as a whole, is composed of honest and honorable men and women. If, occasionally, we learn that an examiner for a certain insurance company has committed a dishonest act, and we inquire minutely into the transaction, we will find that he committed the act after having been importuned to do so by the dishonest insurance solicitor.

It is my opinion, after eleven years of experience in making examinations for both old-line and industrial companies, that examiners intend to be honest, and would be honest in their methods if it were not for the pressure brought to bear by the agents. Dr. Waters says: "Subordinate examiners are selected independent of outside influence. While the managing agent has no appointing power, he should always be shown due courtesy in the matter of appointment in his particular field of operation." To which

I will add: He should be or is shown due courtesy in the removal of examiners who had served the company faithfully for a number of years, because such examiners will not certify that a lie is the truth.

Dr. Waters says: "The examiner, once commissioned, should always remember that he has been selected by the company, is to receive remuneration for his services from the company, and in turn should serve the company's best interests." Also: "We must not lose sight of the fact that the subject for insurance has his rights, and it is the duty of the examiner to protect them. The applicant is always an important factor, and the medical examiner has no right to overlook his interest in the transaction." The doctor then goes on to say that every little trivial ailment which the applicant has had should not be enumerated; important facts only are wanted; the subject for life insurance should be neither carelessly nor over-examined.

To the uninitiated, the above paragraphs would appear to contain statements diametrically opposite. What relationship does the company bear to the applicant, and *vice versa*? The company agrees that in consideration that the applicant be in as good health as the average man of his age and environments; also, in consideration that a certain specified sum of money be paid the company at certain specified times, the company will pay a certain sum of money to the assured or his legal representatives, as the case may be, in accordance with the terms of the contract. The principal consideration is, that the applicant is in good health, and that the questions as propounded by the examiner shall be correctly answered by the applicant. One of the large old-line companies introduces the following as a part of the contract: "I expressly waive on behalf of myself and any person who shall have or claim any interest in any policy issued hereunder, all provisions of law forbidding any physicians or other person who has examined or attended

me, or who may hereafter attend or examine me, from disclosing any knowledge or information which he may acquire." Every person insured by this company has signed away his rights to consider any communication a privileged communication which he has made, or may in the future make to any person concerning his physical condition, i. e. so far as this particular insurance company is concerned.

Dr. Waters also says: "The examiner who reports upon the subject exactly as he finds him, irrespective of friendship, irrespective of social or financial prominence, irrespective of the hard luck tales of the agent and irrespective of everything else except essential facts, is the man who occupies the proper relationship between the applicant and the company." I heartily agree with Dr. Waters that the above should be the proper relationship of examiner and company. If such is not the relationship which always exists between examiner and company wherein lies the fault? The fault does not lie with the examiner but with the company and methods used in securing applicants for life insurance. An examiner who rejects a few cases, and who reports on all cases exactly as he finds them, will soon find that his method does not suit the agent and his usefulness for that company will cease. Some other less conscientious examiner will be appointed by the company. Dr. Waters suggests that the agent should be shown due courtesy in the matter of appointment in his particular field of operation. The last statement, in common parlance, gives the whole thing away. If the examiner does not please the agent he will not please the company. The agent or solicitor is the more important of the two. He is the one who gets the business, and it would appear that some companies consider the amount of business written to be of more importance than the quality of the same.

Some companies take sub-standard or impaired risks. It is assumed that many persons live out their expected time,

although they may have a heart lesion. This is true, but it requires considerable experience on the part of the examiner to determine the gravity of these heart lesions. A person may have a simple mitral murmur; another an organic murmur with hypertrophy; another an organic murmur with dilatation. An unscrupulous examiner will not, and an inexperienced examiner can not, differentiate between these conditions, yet these impaired risks are accepted every day by some of the large companies.

It is disgusting to read articles published in medical journals written by physicians who are eternally trying to make it appear that medical examiners for life insurance are prone to commit dishonest acts. I wish to refute this slander. Physicians are as a class honorable men, and if occasionally one commits a dishonest act while acting in the capacity of examiner, the insurance company is responsible, because of the methods used in obtaining business. The solicitor persuades a person to sign an application for insurance. The application is handed by the solicitor to the examiner, who makes his examination. The written report of the examination is then returned by the examiner to the solicitor. This is wrong, because if the examiner wishes to retain the good will and business of the agents he will try to make the report as favorable for the applicant and agent as possible. If he is a man after the agent's own heart, he will make a large abdomen even of less circumference than the chest, and prune and trim until the pen picture which the agent sends to the home office does not represent the applicant in many important points. It is obvious that the written report should be sent by the examiner direct to the home office. But this is not desired by any of the straight line companies. The examiner may send the report direct, but he will gain the ill will of the agent just the same, and two or three rejections will determine his usefulness for the agent; which means literally for the company.

Some companies divide the fee, which rightfully belongs to the examiner, with what is known as an inspector. This official is selected in every town as the confidential adviser of the company, and his relation to the company is not supposed to be known by either agent or examiner. He is usually a clerk in the post office or country grocery. His duties are to report as to the social standing, moral standing, and what is paramount, the financial standing of the applicant, and to act as a sort of spy on the agent and examiner. His report, especially if the financial standing is excellent, is oftentimes considered of more importance than that of the examiner. If it is the desire of life insurance companies to exclude poor risks, it is obvious that the methods now used to make the selections are radically wrong. The tenure of office of the subordinate examiner should not depend upon the good will of the agent. One physician should be carefully selected by the company, within the territory of each agent, and all examinations should be made by this physician. He should be selected because of his ability and skill in making examinations and because of his reputation for truth and veracity and honesty.

Insurance solicitors are, as a class, prone to use methods which will insure the acceptance of the business which they write. The straight-line companies appoint two examiners in each town or city, nominally, because it might be possible that one of the examiners would not be available when needed by the agent. It has been my experience that the physician who approves all of the business submitted to him for examination is the one who is always available. The methods now used by some of the straight-line insurance companies are an inducement for the employment of inexperienced, careless and dishonest examiners. Physicians in country towns would better hold aloof from accepting appointments from straight-line insurance companies. A rejection may cause him to lose the friendship of a whole fam-

ily, or possibly a whole neighborhood, and he may, preadventure, never do any more business for the agent or company because of the rejection.

Insurance companies doing an industrial business, in addition to the ordinary business, use different methods in the selection of risks. The territory is divided into districts, and a physician appointed to examine all business written in each district. The written report is then sent direct to the home office by the examiner. In this way the examiner is made independent of the agent, and is amenable only to the home office. It is my experience that the risks accepted by the ordinary branch of the industrial company are more carefully selected than are those accepted by some of the straight-line companies.

Physicians wishing to invest their hard earnings in life insurance should be careful in their selection of the company. They should select a conservative company, which employs careful, competent, skillful physicians of known integrity as examiners. Unscrupulous agents, inexperienced, careless, or a class of examiners ready to do the will of the agent, must of necessity result in the piling up of poor risks, and the ultimate result to the policy holder must be disastrous.—[Reprint from E. M. J.]

Many doctors, for the want of knowing just how to take hold of disease problems, look up the authorities, and then fire away the remedies they advise, trusting to luck for the outcome, and trying to believe that they have done all that was possible.—[Medical Brief.]

A Word From Bre'r Williams.

De devil ain't gwine ter have much mercy in de nex' worl' on some er de fellers what all time abusing him in dis one.

Some folks is so dissatisfy wid de worl' it's a constant regret wid 'em dat dey wuz bo'n too late ter give de Lawd instructions how ter make it.—[Ex.]

HOCUSPOCUS.

BY E. YOUNKIN, M. D.

Doctor, do you use any hocuspocus in your practice? It is an agent that may be classed with mental therapy. It comes from the latin *hoax*, invented by juglers and is used by them in incantations, occult ceremonies, raising spirits, producing enchantment and for producing magical results with mysterious ceremonies.

Spiritous liquors are said to be *hocussed* to exhilarate and stupefy the drinker. In another sense it signifies to adulterate, to cheat, to use nonsense, to humbug.

It is a well known fact that many people possess a predilection or taste for hocuspocus. It is relished like salt to an animal. The influence of the mind on some of the functions of the body in a state of health is well known. *Grief* produces an immediate secretion from the lachrymal gland; *fear* occasions an abundant secretion of urine and compels a person to discharge it frequently, in some the same feeling produces a copious secretion of bile, followed by jaundice.

Anger can disturb the healthy actions of the body, and often retards the progress of recovery. *Hope* and *joy* fills the capillaries, flushes the countenance, tranquilizes the cerebro-spinal axis, stimulates the great sympathetic nervous system and restores the equilibrium of organic function. Therefore in disease the influence of mental impression requires great circumspection on the part of the medical attendant. A cheerful state of mind in accident or disease greatly contributes to the patient's recovery. If he submit to his fate without repining, and yields to the advice of his friends, and consents to whatever is suggested for his relief, he generally does well; but if on the contrary he bitterly laments his fate, his mind actively suggesting means of re-

lief, impatient in not being immediately relieved, anticipating every desire, such a person has a degree constitutional irritability that augers an unfavorable recovery.

Some doctors are cold and cheerless, they dampen every hope and throw clouds of gloom by their presence, whilst others inspire confidence, supports every hope, preserves tranquility and inspires cheerfulness. Here lies the scope and power of suggestive therapy, in my opinion. Here lies the virtue in the various methods adopted by charlatans.

But there is an old adage, that "a little nonsense now and then is relished by the best of men." The real thing is not always received. Paint it over with the color of truth, encapsulate it with pleasant smiles and cheerful words, and it becomes a power for good or evil. All thinking men admit that there is some virtue in hypnotism, thereapeutic suggestion, Christian Science, magnetic healing and osteopathy, but the hocuspocus is the pabulum. Give a dose of Schusler with a tablet of hocuspocus then stand back and see it work. Professor Buchanan used to say, "Take a grain of Gamboge or Podophyllin and rub it into the palm of the hand, then watch for its effects upon the bowels. A bread pill, will work all the same. It is the hocuspocus. Suggestive therapy is used in hypnotism but you can't hypnotize without hocuspocus.

Hocuspocus cures the ills of the believers in Christian Science, faith, suggestion, and hypnotism may all be used. The faith may be false, the suggestion that you are not sick may be untrue, but it is the hocuspocus that enables them to swallow the dose, and if death must come the subject is carried successfully across the river Styx. Osteopathy combines massage and suggestion, then coating these elements with hocuspocus the cure comes, sometimes.

One trouble with all such effects is that there must be the proper conditions, and the conditions are not always at hand.

A young doctor who believes much in the occult said to me, "It is wonderful what sympathy exists between myself and wife." (He was just passing through the honey-moon.) Said he, "My wife was taken with frequent desire to urinate. She had to arise four or five times during the night to pass water." Said the husband, "Let me do that for you, I arose and urinated in her stead, and believe me, my wife laid comfortably all night without the desire to urinate." Hocuspocus! Why can't a doctor piddle for his patient?

Now while there is a truth underlying suggestive therapy there is among charlatans at least, much that may be called hocuspocus. Sit your patient in an easy chair, have her close her eyes to shut from the outside surroundings; institute any measure that will get the patient perfectly passive. Tell her to think of self, her condition and with the hope of cure. Say to her, I am going to cure you. Secure that confidence and faith. You are now better, better, better; you are well; the pain is gone. If the patient can be brought to believe all you said she is cured.

As the twig is bent the tree is inclined. People are made easy victims when the mind is bent in the same direction. Many have a burning desire to consult with the spirits of departed friends. The use of a little hocus will cause them to see stars and consult with spirits.

Once upon a time a very good doctor died. He had a large influence in this earth-life. Many believed him a great man, possessing extraordinary medical wisdom, that died with him. His death was a great loss. For the living thus deprived of his services was an exceeding sore trial. No one on earth so skillful. A young man who had been a student under the doctor, now thought of an opportunity. He consulted the spirits and found that the chasm of death could be bridged. So that even now, in difficult cases the old doctor is consulted through a medium and the necessary treatment obtained.

Thus the lost art has been restored. And Manasseh used enchantments and witchcraft and dealt with familiar spirits and wizzards; and Manasseh wrought much evil because of his hocuspocus. When I am dead, don't consult me, especially on chancroids and cancer.

It is the duty of every doctor to maintain the proper equipoise, both of patient and self. Faith is capable of producing a physical effect. The thing believed may be true or false, the effect produced is the same.

Joseph was sold into Egypt. He was reported to have been killed by the wild beasts. Jacob, his father, grieved and went in sorrow to the grave. A lie produced the effect. Suggestion may be right or wrong, true or false, wise or foolish; if believed it has its physical effect, that effect may be either conducive to health or disastrous to it.

All these have their power upon the physical body, but they have their limit, and the medical man who seeks to cure all manner of disease, and disease of all intensities, simply makes himself ridiculous and renders himself foolish in the eyes of sensible people.

The rational medical man will take in all there is in mental therapeutics: Electro-therapeutics, Mechanico-therapy, Hydro-therapy and all there is in the materia medica and therapeutics without resorting to the cognomens of Faith-Healer, Christian Science, Osteopath or Spiritual Healer, etc.

One other point for which I have an utter hate; namely, to hear a physician making a tirade upon the so-called Allopath, condemning everything said and done, and telling what mighty things he has accomplished, when called to the case, and then commune, chuckle and tail after the fads of Christian Science, Osteopathy and such ilk.

To be rational in medicine is to use whatever means will conduce to the alleviation of suffering and cure of disease. Here lies the basic principle of our practice.

PRECISION IN PRESCRIPTIONS.

BY P. C. CLAYBERG, M. D.

I have often felt impelled to call the attention of our physicians to a common practice that to my mind should be improved upon.

In reading the prescriptions in journals and text books and in consultations I have noticed that almost invariably the amount of medicine ordered or mentioned is four ounces; the usual dose teaspoonful. In acute diseases usually teaspoonful every two hours. Medicine enough to last sixty hours.

In bed-side prescriptions the method followed is half glass of water; it may be three or it may be four ounces, into this drop a given amount of the remedy and order a teaspoonful every two hours. Nobody knows how much the dose will be, it may be the tenth or twentieth of a drop. In acute diseases a visit is made the next day; the major portion of medicine left on former visit is still on hand, either to be used or thrown away. If the former the family will say why this visit to be paid for if the left-over medicine was all that was needed; if the latter why waste the medicine if it is worth anything?

I have noticed another practice that is not good to my way of thinking. In a case of continued fever for instance, the doctor comes in and finds occasion to continue his treatment some medicine is left and he adds thereto each day until the mixture becomes stale and offensive and in all probability worse than useless.

I beg to suggest that in all acute cases when writing prescriptions make the amount not more than two ounces and to time your visits and the dosage as to nearly exhaust the medicine ordered by time of next visit.

In bed-side prescriptions always measure the water, us-

ing an exact number of teaspoonfuls and add an exact amount of medicine and prepare enough to last until next visit, allowing two or three doses to be used in case you may be a little late in reaching your case the next day.

In chronic diseases order amount and dosage in such a way as to nearly or quite exhaust the supply by time of next call or visit.

I claim this method being precise will increase the confidence of our patrons. It will save medicine. It will secure for our patients fresh medicine and definite dosage at all times. It will be the means of getting out of an old rut and escaping from the bondage of an old copyrighted label.

CACTUS GRANDIFLORUS AND CEREUS BONPLANDII.

BY HERBERT T. WEBSTER, M. D.

A California correspondent, who has a copy of *Dynamical Therapeutics*, recently wrote: "I find you recommending *Cereus Bonplandii* highly in some heart diseases. What is it? I was thinking that it was *Cactus Grandiflorus*, but have not yet been able to find it under that name."

Cactus Grandiflorus has had a much more extended use, as a remedy, than *Cereus Bonplandii*. The latter agent is a native of the Western Hemisphere, and was introduced from Central America by Bonpland, probably thirty years ago, while *Cactus Grandiflorus* was in use half a century ago.

Cactus Grandiflorus was introduced by Dr. Rubini, a homeopathic physician of Naples, Italy, so it evidently grows in that country as well as in tropical America. To be strictly correct, Dr. Scheele, of Germany first called attention to cactus as a remedy, but the agent attracted little of any attention until Dr. Rubini announced its specific

properties in heart affections. The Italian physician experimented with the remedy ten or twelve years before announcing his discovery, and then published a pamphlet, setting forth what he knew of its action on the heart.

Cereus Bonplandii was made more or less popular through the literature sent forth by Parke, Davis & Co. twenty-five years ago. At that time the remedy attracted considerable attention, but it has fallen out of use, probably because it has been confounded, by so many physicians, with *cactus grandiflorus*. When I depended much on such remedies in heart troubles, *cereus* was my choice, for it seemed to possess more striking properties than *grandiflorus*.

However, *Cereus* is destined to go out of use and date, I believe. A few years ago, I tried to get some of P., D. & Co.'s fluid extract of *Cereus Bonplandii*, and was informed that the house had ceased to supply it. Later, I learned, through Dr. Hall, an Oakland Eclectic, that he obtained a fluid extract prepared by Lloyd Brothers, from our Eclectic pharmacist. On inquiry, I learned that the wholesale price was five dollars per pound, but that it could be obtained at that price. On searching the price list of Lloyd Brothers, I find that it is not quoted, so I presume that when the stock now on hand is exhausted, no more will be supplied, and the remedy will become obsolete, unless revived at some later day.

I occasionally run across a physician who is an enthusiastic admirer of *Cereus Bonplandii*. Dr. Hall thinks he cannot do without it. My own experience leads me to prefer it to *cactus grandiflorus*, though I now seldom use either, because I find that I can dispense with both profitably. However, in this I may be making a mistake, for there is no doubt as to the eminent virtues of the cactuses in some cardiac affections. My contention is, that I can find efficient and superior substitutes.

If I have made no progress in therapeutics in the past twenty years I now practice with much better satisfaction than formerly, for I believe I prescribe with far greater precision. But what does that amount to, when latter-day surgeons propose to cure medical diseases with the knife?

MAGAZINE, ARK., July 13, 1903.

EDITOR AMERICAN MEDICAL JOURNAL, St. Louis, Mo.

In this part of Arkansas at this time we are having quite a lot of flux to contend with, especially among children, and as I have been very successful in treating it I thought it would not be amiss to report a few cases through the Journal. It might help some young physician along this line.

In June I was called to see Miss M., aged about twenty. Found her with a temperature 104, pulse rather full and frequent, face flushed; bowels moving frequently, discharges small, composed mostly of mucus and blood. She had been complaining for a day or two, and her bowels had been "little out of order." That morning she had a well marked chill and the fever had run up as stated above. Her tongue was red around the edges with marked papillæ on the tip. I called for a couple of glasses, filled each about half full of water and prepared the following:

R $\bar{y}$ Spec. Aconite, gtts. x,
Spec. Tr. Rhus, gtts. x,
Spec. Tr. Ipecac, gtts. xx,
in one glass. In the other, I put

R $\bar{y}$ Spec. Tr. Aconite, gtts. x,
Spec. Tr. Gelsemium, $\mathfrak{z}\mathfrak{j}$,
Sulphate of Magnesia, $\mathfrak{z}\mathfrak{j}\mathfrak{j}$.

Stirred them well, and ordered a teaspoonful alternately every hour. The next day I found patient much improved, but still had fever. I kept up the treatment. The next day

I found her still better. I ordered the medicine which had the magnesia in it stopped, but kept up the other and gave her in addition

R $\bar{y}$ Subnitrate of Bis., $\mathfrak{z}\mathfrak{j}$,
Dovers Powders, grs. xvij.

M. ft. Chart. No. 6. Sig. One every three hours.

Told them if she did not get along alright to report. This is all she needed.

Some time after that I was called to see Mrs. M., aged about forty-five. She had flux; temperatnre 103, was very restless; breath smelled badly, tongue a little red around the edges, with a dirty coating on it, mucus membranes a dusky bluish color.

I put her on the following:

R $\bar{y}$ Spec. Aconite, gtts. x,
Spec. Ipecac, gtts. xx,
Spec. Gelsemium, $\mathfrak{z}\mathfrak{j}$,
Sulphate of Magnesia, $\mathfrak{z}\mathfrak{j}$,
Aqua q. s., $\mathfrak{z}\mathfrak{j}\mathfrak{v}$.

M. Sig. Teaspoonful every hour.

Also the following:

R $\bar{y}$ Spec. Tr. Baptisia, $\mathfrak{z}\mathfrak{ss}$,
Aqua q. s., $\mathfrak{z}\mathfrak{j}\mathfrak{v}$.

M. Sig. Teaspoonful every two hours.

By the next day her upper bowels had moved and she was much improved. Discontinued the magnesia, but kept up the other treatment.

On my return the third day, I put her on the bismuth and Dover, and dismissed the case.

The other day I was called to see a baby who had flux.

Found it with high fever, face red, bowels moving often.
Put it on

R^y Spec. Aconite, gtts. v,
Spec. Ipecac, gtts. x,
Spec. Gelsemium, gtts. xxx,
Sulphate of Magnesia, ℥j,
Aqua, q. s., ℥jv.

M. Sig. Teaspoonful every hour until upper
bowels moved.

By the next day the medicine had had the desired effect
and I discontinued the magnesia and gave it the follow-
ing:

R^y Subgallate of Bismuth, ℥ss,
Ipecac Pulv., grs. ij.

M. ft. Chart. No. 8. Sig. One every three
hours.

This is the treatment of a few of the many cases I have
had, all of which I have treated similarly without losing a
single case so far. Give the indicated remedy is the thing.
Study indications closely, so you can read them and you are
sure to have success. The sulphate of magnesia moves the
upper bowels gently which is a thing which should not be
neglected. Put it right in with your indicated sedative. It
acts admirably. If you want to have success, you must use
reliable remedies. None are superior to Lloyd's.

T. J. DANIEL, M. D.

One of our bachelor friends suggests a game that he
thinks if put into practice would in a little while become very
popular and would soon take the place of flinch. It is play-
ed as follows: You seat a young lady and young gentleman
in the parlor side by side, and you name the young lady
Christianity and the young man Heathen. Then the young
lady assumes the role of missionary, and after preaching to
him for a short while the Heathen "embraces" Christianity.
—[Ex.

EXOPHTHALMIC GOITRE.

BY L. HARRISON METTLER, A. M., M. D.

An account of the theories proposed to explain the nature of exophthalmic goitre is in itself a sort of psychological study. The literature upon the subject has grown to enormous proportions. The most complete discussion is to be found in Kocher's monograph, "Ueber Morbus Basedowi," published this year in Jena, and containing an exhaustive bibliography with 1423 references. The number of the hypotheses that have been suggested, the warmth with which they have been defended, and the fragile bases upon which they have been erected, exhibit anything but the true scientific spirit.

Without attempting a resume of all these views and arguments, I purpose to examine critically only the two principal ones now in vogue, and to indicate, if possible, which in my opinion has the stronger arguments in its favor. Of course it is to be understood that no explanation of the disease, even at this time, is entirely satisfactory. We are still as ignorant of the real nature of exophthalmic goitre as ever.

The older of the two views which I wish to bring before you holds that in exophthalmic goitre the central nervous system is at fault. The trouble is primarily and entirely a central neurosis, this term being the best that we can employ, poor as it is. I will not stop to consider the many attempts to localize this neurotic process in the medulla oblongata (Filehne, Durdufi, Bienfait, Sattler, Fitzgerald), the cerebral cortex (Newman), or the peripheral nervous apparatus, including especially the vasomotor sympathetic system (Abadie). Enough for the present that this hypothesis assumes that there is a functional disturbance, toxic or quasi-physiological, within the cellular elements of the central nervous apparatus, and that all of the symptoms of the dis-

ease, such as the tachycardia, the goitre, the exophthalmus, the trembling, hyperidrosis, are the result of the neurosis and are in no way dependent one upon another.

The other theory of the disease, and the one extremely popular at the present time, is the so-called "hyperthyroidation" or "dysthyroidation" theory. This explanation was first made by Mebius, of Berlin, in 1886, and has been ably supported by Wette and Muller in Germany; Joffroy, Brissaud, Regnault, and Boinet in France; Bramwell, Murray, Adam, and Greenfield in England, and Star and others in America. In accordance with this view the primary disease is in the thyroid gland, which thereby produces an excessive or altered secretion, which secretion acts somehow upon the nervous system to bring about all the phenomena of exophthalmic goitre except the goitre. This theory is right in line with the general trend of modern science to assign a toxic cause for most of the ills that flesh is heir to. The toxic idea is always a convenient one to fall back upon in these days of bacteriology, plomaines, leucomaines, etc. Some hold that this excessive and altered secretion of the thyroid gland is the toxic substance; others maintain that the poisonous substance is the result of the normal metabolism of the body, which substance or metabolic process is not antagonized, as it should be and is by the normal thyroid secretion.

Both of these views, the nervous and glandular, have strong support among the authorities. Both rest upon a certain amount of experimentation and clinical observation. Both are incomplete, and yet both have been advocated as though they were positively established. Since argument, logical deduction, and inference have played so important a role in the advocacy of both theories, it is perfectly legitimate in criticising them to employ the same method to analyze the strength of the premises, the correctness of the logic, and the justness of the conclusions drawn from the data at hand.

There are four theories based upon the supposed etiological importance of the thyroid gland and its secretion:

1. There is an **ALTERED** thyroid secretion which acts **DIRECTLY** upon the nervous system deleteriously (direct thyroid intoxication).

2. There is an **EXCESSIVE UNALTERED** thyroid secretion which, possibly through its iodine or thyroiodin, act **DIRECTLY** upon the nervous system (direct thyroid overstimulation or paralysis of inhibition).

3. There is an **EXCESSIVE AND ALTERED** thyroid secretion which fails to perform its normal function of neutralizing the deleterious products of the normal body metabolism, which products are thereby allowed to injure the nervous system (indirect thyroid intoxication).

4. There is an **ALTERED** thyroid secretion which may or may not be excessive, but which fails to check the **ACCUMULATION** of the products of the normal body metabolism, which products hurt the nervous system by reason of their mere accumulation (indirect thyroid intoxication).

The nervous phenomena, which even the thyroidationists admit constitute the whole of the symptomatology of exophthalmic goitre except the struma, are all secondary, both as to sequence and etiological importance, to any one of these four manifestations of the diseased gland and its secretion. In a word, Grave's disease is essentially and primarily a disease of the thyroid gland. The nervous phenomena bear the same relation to the disease as the nervous manifestations of typhoid fever or of Bright's disease bear to these pathological processes. To maintain this thesis the thyroid change should be demonstrable beyond all peradventure in every case; and it should possess at least all of the testimony in its favor which the neurotic manifestations now possess in theirs. The nervous phenomena are self-evident and are more or less obvious in every case. Is disease of the thyroid gland equally self-evident and uniformly demonstrable? The

presence of the nervous phenomena is recognizable by every body, but are the believers in the glandular theory ready to assert upon the data already at hand that the affection of the thyroid can be demonstrated in every case of exophthalmic goitre? Suppose it is shown that the thyroid is diseased in every case, the real question still at issue would be whether the disturbance of the nervous system, which is obvious, precedes or follows the functionally altered thyroid. So overwhelmingly prominent are the nervous symptoms that some of the strongest advocates of the gland theory are beginning to beg the question by affirming that the alteration in the function of the thyroid gland has its origin somewhere and somehow in the nervous apparatus, while the more prominent symptoms of the disease are to be attributed to the thyroid. Marie thus straddles the fence and calls attention to the fact that exophthalmus never occurs in myxedema when the thyroid extract is administered. Dana argues that the nervous system first affects the thyroid, and that this again, through its altered secretion, reacts upon the nervous system. Vettesen, Londe, and many others believe that the hypersecretion which gives rise to most of the symptoms of the disease is itself brought about by an original disturbance in the nervous system. The whole question is thus thrown into a state of almost inextricable confusion. Let us see if we can give any distinctness to the points at issue, and then we will be in a better position to assign the proper valuations to the various arguments and data in favor of the thyroid or neurotic theory.

If the altered thyroid is the cause of exophthalmic goitre, obviously it should precede in time all of the other symptoms of the disease. This it does not always do. The goitre is often absent or late in developing. Cases of Grave's disease without struma have been observed by v. Graefe, Dusch, Pauli, Trousseau, Mackenzie, Degranges, Fisher, Raymond, Hitschman, Charcot, and others. Gordon records

that Savage found in the District of Columbia only one case of Grave's disease among one thousand goitres. Occasionally the thyroid recedes in size, while the other manifestations of the disease continue or even increase. Flint had under his observation for three years a case in which there was no material change except that the thyroid enlargement disappeared. The pulse remained habitually at 140. There seems to be no apparent relationship between the size of the goitre and the severity of the other symptoms of the disease. One thing is quite noticeable, however, and that is that the struma is very rarely if ever the earliest symptom. Irregularity of the heart's action is usually the first sign. The order in which the symptoms appear is far from being settled among authors. Nothnagel enumerates them as exophthalmus, struma, and tachycardia, while Jaccoud says it is palpitation, dilatation of the arteries, enlargement of the thyroid, and exophthalmus.

Many questions await an answer in regard to the nature of the change in the thyroid by reason of which it gives rise to the particular set of symptoms recognized under the name of exophthalmic goitre. We must know more of the nature of the thyroid secretion; whether, indeed, it is a toxin. As a matter of fact we know absolutely nothing about such a substance, the mere discovery of and experimentation with the iodine constituents not being satisfactory. We know scarcely anything about the normal function of the thyroid gland, and how can we therefore predicate anything of certainty with regard to the abnormal gland?

The special way in which this thyroid secretion acts to bring about Grave's disease must needs be explained. It must be shown how the gland secretion exerts its influence directly upon the nervous elements or indirectly upon the body metabolism to provoke a definite, regularly recognizable set of symptoms, which so far as we know are not produced by any other toxin or glandular secretion.

In the normal-thyroid a substance has been found principally combined with a proteid, although also free.

This is known as thyroiodin or iodothyryn. It contains 9.3 per cent of iodine and 0.56 per cent. of phosphorus. Jannin noted the similarity in the manifestations of severe iodism and exophthalmic goitre, and said he believed that chronic iodism or thyroidism was the cause of the latter disease.

Gautier confirmed Jannin's observations. Boinet cited cases of Grave's disease produced directly by the consumption of large quantities of thyroid substance, and stated that he believed the iodine in the thyroid substance was the cause of the symptoms. Many others have expressed the same opinion.

In spite of the fact that iodine and the iodides have been deemed positively harmful in the treatment of this disease, cases are constantly being reported in which both their internal and external administration have proved beneficial. I have seen good results follow the exhibition of the iodides and hydriodic acid. Gowers refers to the remedies without commending or condemning them. Oppenheim says that potassium iodide may be tried, but must be used cautiously. Dana mentions the iodides as among the few remedies that have given him good results and notes that many writers now lay great stress on the direct treatment of the thyroid gland by rubbing it daily with the red iodide of mercury or by painting it with iodine. One would fancy that if the disease symptoms are due to a hypersecretion of the thyroid gland, and especially to the iodide in it, that the iodine treatment should be as heartily condemned as is the treatment by means of the administration of thyroid substance. To clinch the argument, as it were, that it is not the iodine, whatever else it may be, that causes the clinical picture of Grave's disease, A. M. Starker comes forward with a case in which myxedema resulted from the long use of iodide of potassium for another affection. In passing let it be noted that Dur-

dufi claims to have produced symptoms closely resembling those of Grave's disease with cocaine.

In addition to the composition of its secretion, we must know many other things before we can dogmatize about the normal or abnormal action of the thyroid gland. For instance, we must explain away or account for in terms of its function many questions in regard to heredity, age, sex, temperament, all of which seem to play so prominent a role in etiology of exophthalmic goitre.

As we all know, heredity is found in a very large proportion of the cases of Grave's disease. Rarely it is direct, as in the three cases cited by me; more often there are antecedent nervous troubles such as hysteria, epilepsy, insanity. Heretofore it has not been shown that glandular diseases are so strikingly subject to the law of heredity as Grave's disease seems to be. It is true that certain tendencies run in certain families, as for instance weakness of the lungs, of the heart, of the stomach, but no such heredity has ever been postulated these or any other organs outside of the nervous system as has here been attributed to the thyroid gland. It cannot be said that it is merely the unusual susceptibility of the nervous system that is inherited in this disease, for the heredity is too pronounced and occasionally to direct (eight members of one family in one instance) to be ascribed merely to so indefinite a condition as susceptibility. On the other hand, if it is answered that it is the peculiar nervous influence preceding the disturbance of the gland function which is the result of the heredity, it may be said that that is begging the question, for with such an explanation the thyroid secretion cannot be justly considered the cause of the disease any more than can glycosuria be regarded as the cause of diabetes mellitus.

Again, it has been thought that there is some connection between the sexual apparatus and the thyroid gland. It is said to undergo changes at puberty, though the physiologists

do not specifically mention any such connection. It is an accepted fact that the thyroid function plays an important role in the general metabolism of the body, and the metabolic functions are powerfully influenced by the great climacteric periods. Thus the inferred connection between the thyroid and the sexual glands may be merely one of simultaneous and coincident activity without there being any closer intimacy. At all events it is argued that the etiological importance of the thyroid gland in exophthalmic goitre is shown in this supposed relationship between the thyroid and sexual functions because it has been observed that sex, pregnancy, and the puerperal state are significant as predisposing factors in the causation of Grave's disease. Of course, this leaves entirely of view the much older and better established observation that those same factors, sex, pregnancy, etc., affect most profoundly the nervous system of the woman, and for that reason are quite competent to predispose to the production of exophthalmic goitre without the necessity of the intervention of a modified though perchance related thyroid function.

Admitting that the thyroid gland does show changes suggestive of its relationship with the sexual organs, it is to be remembered that Grave's disease occurs in women ten times more frequently than in men, and that it must be shown that there is a correspondingly large functional if not structural difference between the thyroid glands of men and women normally. This difference has not yet been demonstrated. Exophthalmic goitre is sometimes called a "woman's disease." Hysteria and certain other neuroses are also female diseases, merely by reason of the influence of their peculiar sexual lives upon their nervous systems. The nervous apparatus of the woman does not differ per se so far as we know from the nervous system of the man, and is only unlike his in being subjected to certain powerful influences of a physiological nature in connection with the sexual or-

gans. This brings about an apparent difference between the nervous systems of men and women. The thyroid gland is subject to nervous influences of a powerful sort, and this is probably the reason it manifests an apparent difference, in function at least, in men and women. The frequency of exophthalmic goitre in the female sex seems to me to argue in favor of the neurotic rather than the glandular origin of the disease.

The thyroid gland seems to be enjoying a high degree of popularity these days as a cause of disease. The brilliant results obtained from its administration in myxedema and cretinism have stimulated the profession to look upon it as the source of many affections whose symptoms are the opposite of these diseases. Already Grave's disease is attributed to it, and we are asked to believe that paralysis agitans as well as myoclonus familiaris is also dependent upon it (Lundborg). Because certain changes are found in the gland in these various diseases, it is assumed that these changes antedate and are in the cause of the nervous troubles instead of vice versa. The assumption is a bold one, but needs a great deal more proof than is yet in hand before it can be accepted as final and conclusive.

The age at which exophthalmic goitre usually begins and is most frequent seems to me to argue against the thyroid and in favor of the neurotic origin of the disease. It is seen in all periods of life, childhood as well as old age, but most commonly in the second decade of women and the third of men. Those who see a relationship between the thyroid and sexual functions explain this upon the ground that the second and third decades of life are the periods of the greatest sexual activity. It is not a bit illogical to attribute, as is too often done, pathological changes in certain glands upon the ground of mere physiological activity? There is no contention, observe, that the thyroid gland is overactive at this time, but merely that during this period of

highest physiological activity in the sexual organs the supposedly related thyroid is brought into higher but still physiological activities. The ovaries and mammary glands are aroused into greater activity also during this period, but they are not said to become diseased from this cause alone. There is a closer relationship and similarity both in the time and degree of sexual activity between men and women than there is in the relative frequency of exophthalmic goitre between them.

A word in regard to the onset of Grave's disease. Most cases appear gradually, but not a few come on with great suddenness, usually after a severe mental shock or other profound nervous disturbance. Bartholow has recorded a case in which the first symptom, protrusion of the eyes, was noticed by the patient on going to a mirror on the morning after having experienced a great shock the night before. A sudden physical strain and prolonged, exhausting labor have not unfrequently eventuated in a rapid onset of exophthalmic goitre. It is difficult to understand just how these cases are to be attributed to an altered secretion of a gland whose substance must presumably undergo a time-consuming change.

The association of exophthalmic goitre with hysteria, epilepsy, mental deterioration, and other neuroses has been noted by the hypersecretionists, who explain that these neuroses render the nervous system specially predisposed to yield to the deleterious influence of the altered thyroid secretion. Their explanation, however, explains too much, for in that case we should meet with Grave's diseases more frequently than we do among hysteriacs, epileptics, and the insane, since they not only suffer from goitre, without the production of the exophthalmic variety of symptoms, but the larger percentage of the disease occurs in people who are neither hysterical, epileptic, nor of unsound mind. Whatever the predisposing neurosis may be it is not any of these, though it may be closely related to them.

The symptomatology of exophthalmic goitre speaks loudly in favor of its being a nervous rather than a glandular disease. Not only are the symptoms pre-eminently neurotic quantitatively, but qualitatively as well. They constitute the clinical picture and are so manifest that even the supporters of the glandular theory recognize the fact that clinically Grave's disease is a nervous disease, though they attribute these neurotic manifestations which are so obvious to a glandular secretion which is so obscure. The victims of the disease are very irritable, apprehensive, lachrymose, subject to insomnia, impairment of memory, diminished power of application, headache, vertigo, tremors, and various hysterical manifestations. Bulimia followed by anorexia is not uncommon. In addition to these, the frequent absence of the goitre, the early appearance of the tachycardia, and the relative prominence of the exophthalmus, together with all the secondary symptoms, such as the trembling, the hyperidrosis, v. Graefe's sign, pigmentation, decrease of electrical resistance, etc., point clearly to the nervous system as the affected part of the organism. These symptoms form so remarkably uniform and well recognized a picture that one rarely has difficulty in making a diagnosis. It has been suggested that under the name exophthalmic goitre there are included several diseases, just as there are several kinds of diabetes. However that may be, there cannot be any doubt about the distinctness and individuality of the symptom-group known as Grave's disease. Whether we believe that the seat of the neurosis is in the sympathetic system, the vaso-motor centers of the medulla, the restiform bodies, or the cerebral cortex, the fact remains that it is always more or less the same parts that are affected. Therefore we must suppose either that the thyroid secretion possesses some mysterious selective power, or that these particular parts of the nervous system are especially susceptible to that secretion. As the toxin is here still present and active,

its influence upon the nervous system is comparable to the influence of the syphilitic virus as seen in cerebrospinal syphilis rather than in locomotor ataxia. Cerebrospinal syphilis is notorious for the irregularity and uncertainty of its manifestations, whereas locomotor ataxia, being a mere sequel of the syphilitic storm, is a regular, definite disease, with a regular, uniform clinical picture. Clinically, exophthalmic goitre has the same systematic regularity that locomotor ataxia has, and yet the hypersecretionists would have us believe that it is the result of a cause which according to all rules of analogy should give rise to a set of symptoms as bizarre, irregular, and uncertain as are those of cerebrospinal syphilis!

What explanation with the thyroidation theory are we to offer of the fact that the gland enlarges twice as often on the right side as the left, and that the exophthalmus, when unilateral, as it is in rare instances, occurs on the same side as the enlargement of the gland? Even the hyperidrosis is at times unilateral.

Another difficulty which presents itself in connection with the symptomatology of exophthalmic goitre, and which is quite unexplainable upon the thyroidation theory, is that the vascular enlargement of the gland follows the tachycardia and vasomotor disturbance. Hypersecretion is physiologically always dependent upon increased vascularization. In this case, however, it is assumed that the vasomotor excitement which provokes the increased vascularization of the gland does not precede but follows the hypersecretion. There are two possible escapes from the dilemma. In the first place it may be assumed that in the beginning of the disease there is not an excessive thyroid secretion, but merely an altered one, and that this altered secretion excites the vasomotor apparatus to a sudden and increased vascularization of the gland. On the other hand it may be suggested that the structural condition of the gland and its secretion

are not the same after as before the tachycardia and other vasomotor disturbances have appeared. Not only are both of these and kindred explanations without demonstrable proof, but even as explanations they are more tortuous and less clearly indicated than is the view that the tachycardia is primarily a nervous trouble, which together with the vasomotor disturbance produces later on the enlargement of the thyroid gland and its resultant hypersecretion.

The Pathological findings are not even strongly confirmative of the hyperthyroidation theory. The changes discovered in the thyroid gland are not always constant and uniform, and such changes as have been found have always been associated with the symptom-group known as exophthalmic goitre. According to Marie there is no line of distinction to be drawn between the thyroids of exophthalmic goitre and ordinary bronchocele. Joffroy and Achard have voiced the same opinion. Vandervelde and Le Boeuf examined four cases histologically with great care and found the goitres of Grave's disease exactly the same as ordinary goitres. On the strength of these observations they rejected the hyperthyroidation theory. Brissaud refers to exophthalmic goitre as "a group of symptoms rather than an independent disease," and then notes that changes in the thyroid gland were observed in twenty-five cases of various chronic diseases. As these changes did not give rise to the exophthalmic group of symptoms, it looks very much as if the gland changes were due to the nervous trouble.

Very little is known in regard to the supposed altered secretion of the thyroid gland, and as to its mode of action we have nothing but theories and hypotheses. Gley found in Grave's disease that the thyroid secretion contained only one-tenth as much iodoproteid as normally, and the general view is that the change in the secretion which brings about the nervous manifestations of the disease involves principally the iodothylin. It has been argued that the toxic theory of

the disease is strengthened by the fact that the urine of persons suffering from it is highly poisonous. Donath, however, found no iodine in the urine of normal individuals or those fed with iodothyron in doses of 1.8 milligrammes. This poisonous urine moreover does not produce any condition at all resembling exophthalmic goitre when injected into dogs.

In accordance with the hyperthyroidation theory, the employment of belladonna in the treatment of disease ought to afford most gratifying results. Some authorities do claim good results from the use of belladonna, but by far the majority have found this drug quite ineffectual. The best treatment for the disease has been found to be absolute rest, physical and mental, electricity, certain surgical procedures, and nerve sedatives such as codeine, opium, hyoscyamus, and the bromides. It is hardly supposable that the effect of these nerve sedatives is merely to quiet and suppress the nervous manifestations of the disease while the abnormal activity of the thyroid gland continues, for if that were so all of the nervous phenomena would immediately return the moment the treatment was discontinued. Only two theories are possible to explain the success of the sedative treatment in this disease, viz., that either the thyroid change is the result of a disturbance in the nervous system, or that the whole disease is primarily neurotic in origin and continuation. In both instances the thyroid gland is of secondary importance in regard to the etiology and pathogenesis of exophthalmic goitre.

The uncertainty as to the advisability of using iodine, the iodides, and hydriodic acid in the treatment of this disease springs largely from the supposition that the iodothyron of the thyroid secretion plays a prominent role in its causation. In accordance with the hyperthyroidation theory they are strongly contraindicated, and yet as I have already pointed out and have witnessed in my own experience, in some few cases they have proved beneficial.

The same may be said in regard to the use of thyroid extract. Before it is to be irrevocably and dogmatically condemned, a better founded explanation of the disease than is contained in the hyperthyroidation theory should be forthcoming, and some adequate reason given for the occasional case that recovers after the administration of the thyroid substance. One of my cases is now free from every sign of the disease after taking thyroid extract in five-grain doses three times a day on and off for two years. Another case still under observation failed to respond to other lines of treatment, but is improving with the use of two grains of the extract three times a day. In both of these cases the patients themselves feel that the thyroid treatment is the most effectual for them, and when I suggest a change of treatment they offer strong protests. It is no argument in favor of the hyperthyroidation theory that in a large majority of the cases the administration of thyroid substance provokes an increase of the symptoms. Thyroid substance often provokes nervous manifestations when given in other diseases and to healthy individuals. I have under observation a mild case of sporadic cretinism in a child six years of age in which very small doses of thyroid extract cause marked nervous phenomena. All that is proved by the increase of symptoms provoked by the administration of thyroid substance in exophthalmic goitre is that in this disease the nervous system is weak pre-eminently susceptible.

In connection with this question of the administration of the thyroid gland, I would like to call attention to the fact that exophthalmic goitre and myxedema are not, except in some minor and very superficial respects, opposite or antithetical diseases as is so triumphantly asserted by the upholders of the hypersecretion theory, and that all inferences drawn from the use of thyroid extract in the treatment of myxedema will fail to assist us in making assumptions in regard to its avoidance in Grave's disease. The thyroid gland may

and does produce, as physiologists tell us, more than one secretion, and upon the strength of this the hypersecretionists may some day be able to demonstrate the reason for the somewhat apparent opposite character of some of the symptoms of these two diseases. That they cannot possibly be due to opposite states or modes of action of a single thyroid secretion is proved by the observation of the two sets of symptoms in the same patient at the same time. A remarkable example of this was recorded by Pasteur, who ended his report with the words: "It is interesting to note that the patient presented simultaneously some of the signs and symptoms of the Grave's disease and of myxedema. For in association with a persistent exophthalmus, a smooth skin, tendency to perspiration, and occasional marked tremor of the hand, we find an apathetic demeanor, extreme sensitiveness to cold, some clumsiness of the fingers, and alteration of the voice to a slight extent." Two cases of Sollier's, reported by Bourneville, presented the existence of a generalized edema with exophthalmic goitre. One showed all the characteristics of a genuine myxedema, and in both the thyroid, instead of being enlarged, was atrophied. All arguments for the hypersecretion theory of Grave's disease based upon its supposed antithesis to myxedema thus fall to the ground.

Surgery has even been subpoenaed to bear testimony in favor of the hyperthyroidation theory. Four operations are performed, namely, thyroidectomy, resection of the sympathetic, ligation of the thyroid arteries, and Jaboulay's exothyropexie (exposure of the gland to the air.) Of these operations, thyroidectomy is the most popular, and though its mortality ranges about fifteen per cent., it is nevertheless resorted to, when other treatment has failed, because in about half the cases operated on a cure follows. It is stated that these operations diminish the secretion of the gland by

cutting off its blood-supply or removing part of its substance. It is hard to comprehend how any one of the operations can restore an altered secretion, though they may cause a diminution in its quantity. Somehow I am reminded, when I think of the success of these operative procedures in exophthalmic goitre, of the cures that used to be heralded and were actually accomplished at times in hysteria by operations upon the ovaries and uterus. Surgical shock will do wonders at times upon the neuroses. Curiously enough A. Pader and L. N. Robinson have expressed their belief that exophthalmic goitre is a form of hysteria and is due to the same causes, while Putnam intimates a somewhat similar belief when after a study of exophthalmic goitre in its relation to emotionalism he concludes by saying that it is "a degenerative neurosis and marks one of the many lines of cleavage at which the nervous functions break when exposed to strain."

Still further and finally, in support of the contention that exophthalmic goitre is a nervous rather than a glandular disease, Homberger found no specific insanity occurring with it.

In conclusion I must say in the words of Oppenheim that "the hypothesis which refers the diseases to an abnormal increase in function of the thyroid gland is not very convincing." As both the hyperthyroidation and neurotic theories are still unestablished, after applying the same methods of reasoning to both and studying both from the same given data, I am satisfied that the preponderance of evidence is strongly in favor of the neurotic origin of the disease. The practical bearing of this conclusion lies in the rational explanation it affords of the treatment which we have discovered by experience to be the best, and in guiding us possibly in regard to our therapeutics in the future.

—*Medicine.*

SOUTHWESTERN NEWS.

COMPILED BY W. L. LEISTER, M. D.

THE GREAT SOUTHWEST.

The Texas Eclectics are marshaling for their annual conclave to be held in Waco in October—exact date later. This we learn by letter from the worthy president, Dr. D. W. Holmes, of Bellevue. It is to be hoped that the Texas brethren may try the experiment of fewer papers and an increase in didactical off hand presentation of questions pertaining to medicine. If the president would demand of one to give the anatomy and physiology of the kidneys; another to present morbid anatomy and pathology of these organs in, say, diabetes insipidus and mellitus; while others could be assigned the brain and spinal cord, the liver, the heart, stomach, etc., and the diseases to which these organs are liable, he, the president, would be taking an advance step which could but result in immeasurable good to all concerned. There is one hackneyed subject however, which might, with propriety, be barred, viz: appendicitis. We need to know more anatomy, physiology and chemistry. Long drawn-out papers on the remedial graces of black cohosh and blackhaw would be an imposition upon the convention, in fact, echinacea has about reached the limit. With the homeopaths just now, and for some time back, it is manula, hymosa and passiflora, the latter having passed climax with all observant Eclectics some years ago and the agent marked away down where it rightly belongs. We are aware that certain medical writers in the Eclectic school seem to have slipped into a groove and consequently cannot see anything ahead save the ghosts of these journal ridden agents. Progressive eclecticism will not admit of hackneyed common knowledge but must push out and take hold of the

higher laws and things pertaining to medicine, else we will be left without clientage.

We have received quite a number of inquiries relative to the three locations in Arkansas. All want to know how many doctors and how many drug stores? Also "is there an Eclectic in the town?" The truly Eclectic physician has not very extensive use for local drug stores. He keeps in stock choice medicines and prescribes from his own shelves. These agents need not be of any one manufacturer's label. It is well to patronize several brands, so as to arrive at a knowledge of their comparative excellence. Competition and greatly improved methods have wrought great ends in way of giving the many beautiful and excellent fluid medicines, elixirs, tablets, pellets, etc., we now enjoy.

Again, the number of doctors in a place has nothing to do with our call. If numbers counted for competency and sufficiency, it would be a waste of time to longer call. The man or woman who is afraid of sharp—even to malignant competition, we are not looking for. The physician who accepts position at Fayetteville, Ark., must be just what we call for—"well qualified and up-to-date" in every respect. The city has about 8,000 people; the State University is located there. A grand country surrounds Fayetteville. The city nestles most picturesquely in the bosom of the Ozark mountains. No Eclectic there and there ought to be at least two good strong men. This is enough to say to the doctor who really desires a No. 1 location in a No. 1 country.

Rogers—3,000 people, Eclectic stand the last eight years. Place not yet taken.

BELLEVUE, TEXAS, July 11th, 1903.

W. L. LEISTER, M. D., Rogers, Ark.

Dear Sir.—I notice your greeting in last issue of the American Medical Journal and am glad to give you

an invitation to our next State meeting at Waco in October, the date of which will be more definitely announced later on, and which date I shall see you have in time to meet with us.

Doctor, come prepared, please, to give us something good. I feel sure you are prepared but please come with that intention.

Fraternally,

D. W. HOLMES.

QUEEN CITY, TEXAS, July 14th, 1903.

DR. W. L. LEISTER, Rogers, Ark.

Dear Doctor: We shall look for you at Waco in October. I want you to come loaded for my section—practice. Select a good live subject and let me have the title soon as possible. Glad to know you are going to be with us.

Fraternally,

J. NEWTON WHITE.

THE COMING TEXAS ECLECTIC MEDICAL ASSOCIATION.

SECTION I.

Materia Medica and Therapeutics.—Chairman, P. A. Spain, Paris. Vice-chairman, J. M. Baker, Nolanville. Secretary, E. L. Fox, Houston.

SECTION II.

Practice of Medicine.—Chairman, J. N. White, Queen City. Vice-chairman, W. E. Bridge, Gober. Secretary, W. M. Tucker, Flatonia.

SECTION III.

Obstetrics —Chairman, W. J. Bell, Gainsville. Vice-chairman, J. Tyson, Santa Anna. Secretary, M. B. Marry. Gonzales.

SECTION IV.

Surgery.—Chairman, G. Helbing, Bonham. Vice-Chairman, J. F. Hines, San Antonio. Secretary, W. S. Hames, Tilman.

SECTION V.

Diseases of Eye, Ear, Nose and Throat.—Chairman, G. W. Johnson, San Antonio. Vice-chairman, Chas. Dowdell, Ennis. Secretary, M. E. Daniel, Honey Grove.

SECTION VI.

Miscellaneous.—Chairman, L. S. Downs, Galveston. Vice-chairman, B. E. DuVall, McGregor. Secretary, W. H. Gates, Waco.

ECLECTIC MANUAL NO. 5.

Those of our readers who are not in possession of Munday's Diseases of Children are hardly so well equipped to battle the ills incident to child age this hot weather, or any other season for that matter. We have been giving the compact little book a thorough going through and have profited thereby. It reads much like Scudder—free, easy and to the point without waste of words. Munday has availed of what Scudder knew; has added much to it and brought matters down to date. A few little points have been retained which if they amount to anything, are puzzling; one on page 29 under Rhus. "With a frequent, small, *sharp* pulse, frontal headache (left orbit)." Why *left* orbit any more than right? Again, on page 15 under Bryonia. "Headache in right side, with flushed *right* cheek." The italics are mine. The same question applies here, Why. Future editions of Eclectic practices will likely leave out these meaningless little slips. But the contribution is just such as you need on your work table for daily review.

The Scudder Brothers Co. are publishers.

The American Medical Journal.

MONT. M. HAMLIN, M. D. Editor and Proprietor.

Contributions, Books for Review, Exchanges and other communications should be addressed to The American Medical Journal, 2900 Lawton Avenue, St. Louis, Mo.

\$1.00 A YEAR IN ADVANCE.

SINGLE COPY, 10 CENTS.

EDITORIAL.

THIS TIME OF THE YEAR.

Every Doctor knows that certain types of diseases are more prevalent during the summer months than during winter. In the summer we look for fevers with marked periods—afternoon temperature much higher than the forenoon—or one day the patient has a high fever and is in bed and the next day he is up and without fever. Or it may be that our patient has a diarrhea in the forenoon only, or it may be headache in the afternoon only—it may be a cough, a diarrhea, a headache, a chill, or fever without a perceptible chill. You may call it by whatever name you please there is one symptom that is common to them all—periodicity. It makes no difference what the symptoms or conditions are if that symptom occurs at about the same hour each day or second or third day you have to deal with periodicity.

In the Mississippi Valley at this time of the year almost everything that the doctor is called to treat bears the earmarks of malaria—periodicity. It is unfortunate for the patient if the doctor fails to discover this important phase of his case. A case in point: A Miss D., age 19, a brunette, family history good; previous health perfect; had an attack of what the Doctor called at the time bilious fever, was sick in bed about three weeks. She seemed to recover quickly and fully her former health; weighed as much as ever and felt well but she looked pale, is the way her mother said it to me.

Within a few months her mother noticed that menstruation had ceased and a cough had developed. A Doctor was consulted. After treating the patient for three months without benefitting her in the least the Doctor gravely notified the mother that he would like consultation. After the consultation the "folks" were informed that the patient had consumption. A third physician was consulted; he confirmed the diagnosis of the other Doctors, but very learnedly remarked: we have done all that is known to the profession; she is no better; it is now only a question of time with her. The writer happened in the neighborhood some weeks afterward and was requested to see the young lady. She had been sick about fifteen months. I found no trouble with the lungs; heart's action good; that peculiar muddy sallow complexion that I had long since learned to associate with cases of malarial poisoning; spleen perceptibly enlarged. I said send her to my home and let her stay there one month and I think she will come home a well girl. They sent her that same day. About 11 o'clock each day she would draw her chair near the stove, her lips would become livid; about 1 o'clock a very faint flush would appear on her cheeks but would last only about an hour. Her temperature, which had not previously been taken, would vary only about 1 to 1 1-2 degrees during the whole 24 hours. She had not menstruated for seven months.

Prescribed $\mathcal{R}$ Sul. Quin. grs. 180, Arom. Sul. Acid sufficient to dissolve and make sol. $\mathfrak{z}$ ij; G. R. Tinct. Gelsemium $\mathfrak{z}$ j. M. S. Take one teaspoonful in water three times a day before eating. *No other medicine was given.* By the time this one bottle of medicine was taken she was so much improved that she was given a second bottle of same and sent home. Saw her again about five months afterwards; her cheeks were rosy. She was as well as anybody. Now six years has passed and she is as stout and as well as

any woman and is the idol of a good husband and the mother of a bouncing boy.

A case of diarrhea of seven months duration was sent to me from Gasconade Co., Mo. Was put under observation for two days—without any treatment—periodicity was noticed. Quinine and Capsicum was given for three days, i. e. 15 grs. of quin. and 3 grs. of caps. each day made into three equal doses; a dose every two hours, the last one to be taken about an hour before the expected paroxysm. This was followed by a mixture representing Arom. Sul. Acid and G. R. Tinct. Gelsem., 20 drops of each three times a day, continued four weeks. The diarrhea was checked after the second day of treatment, and did not return.

The first fifteen years of my practice was done in the Missouri river bottoms and adjoining bluffs and I found that at this season of the year antiperiodics were the proper things in almost everything that I was called to treat. In the summer diarrheas of children antiperiodics will be your best remedies.

Gelsemium is a sovereign balm when the stools are frequent, accompanied by straining, and greenish in color. You may give ipecac, amygdalis, colocynth, etc., but don't forget to combine in your prescription plenty of the gelsemium—its one of the very best anti-periodics and will allay the cerebral congestion and irritation that is always present in these cases.

There are many other remedies of this class that might be mentioned, such as, *Carduus*, *Marianus*, in the acute stages, patient is low spirited, and inclined to be melancholy—a mental depression—pain under left shoulder blade.

Splenic enlargement with pain *ceantothus* is thought of; but if the splenic enlargement is painless we think of polymnia, both internally and externally, the latter we use the polymnia ointment.

In some of these obscure cases of malaria with "ague

cake;" sallow skin, a tendency to œdema of lower extremities, or real chronic malarial cachexia, there is nothing I prize more highly than grindelia squarrosa. In fact we may add to this list of summer remedies, cheledonium, chionanthus, sulphate of sodium, with ipecac and podophyllin, and you are prepared to successfully combat the diseases of this time of the year.

It is pleasant to know that Dr. W. E. Leister, of Rogers, Ark., has become connected with the *American Medical Journal*. There is nothing negative about Dr. Leister; he is strong and positive, and great things can be confidently expected of him. In the June issue of the *American* he has an exceptionally logical and virile article upon the enduring and tireless subject of specific medication. His philosophic analysis of the underlying principle of specific medication in the paper referred to, is unique for its far-reaching grasp, and for its fetching force. We congratulate the *American*. C.

The above is taken from the Eclectic Medical Gleaner and is characteristic of these Gleaner people; they have a way of saying nice things about a fellow without giving him a moments warning. We were just dying to hear somebody say something commendatory of Dr. Leister's article on specific medication—in fact had it not been for our extreme modesty we might have said something ourself—but now that it has been said by one so competent as "C." of the Gleaner we feel good.

Many thanks, Brer' Cooper, and may the Gleaner live long and prosper.

Dr. C. W. Reed, student A. M. C., is the happy papa of a brand new Eclectic—born Sunday, July 12th, 1903. Mother and babe doing well and it is thought by good nursing the papa will survive.

Dr. Glen J. Smith, of Doyline, La., was a student at the American Medical College last winter. After leaving college he entered the practice at home and through a letter from Dr. Tabor, we learn that Dr. Smith is having wonderful success. We are truly glad to hear these good words of the young man. We remember very well that Dr. S. was a very bright, hard-working student and we predicted his future success.

Dr. C. L. Swartz, of Rosendale, Mo., is doing a land-office business and succeeding professionally and financially because he does business on strict business principles.

_____, Mo., July 13th, 1903.

MONT. M. HAMLIN, M. D., St. Louis, Mo.

Dear Doctor Hamlin:—How would it suit you to have what I owe on the Journal? Look it up and send me the amount of my indebtedness to you and I'll remit.

Yours fraternally,

DR. _____

The writer of the above is one of the livest doctors in the State. He is one of the doctors that succeeds. He deserves to succeed. He also wishes to see the editor succeed. The AMERICAN is proud to say that this man is one of its most valued subscribers; and we wish the doctor that unbounded prosperity he so richly deserves.

NECROLOGY.

W. F. HERRINGTON: Through the kindness of his brother, Doctor J. J. Herrington, of Gifford, Idaho, we learn of the death of our old friend Doctor W. F. Herrington, of Wallace, Idaho, which occurred on June 17th, 1903.

Doctor Herrington was born September 12th, 1861, in Jefferson county, Mo. After acquiring a fair education in the schools of his native county he decided to study medi-

cine. He entered the American Medical College from which institution he graduated with high honors in 1885.

He practiced his profession about eight years; he then gave up medicine and engaged in mining and the last ten years of his life was spent in that work, at which he succeeded admirably, as we understand that he left his family well fixed financially.

On the 6th day of last September he was stricken with paralysis; all that money and skill could do was done for him, he made very little improvement. A second stroke occurred on June 17th, which ended the unequal struggle and a truly good man passed away.

C. W. HINCHMAN.—After a long and very active professional life, Dr. C. W. Hinchman died, at his home in Golden City, Mo., July 7th, 1903, at the age of seventy-one years, six months and eighteen days.

Funeral services conducted under the auspices of the Odd Fellows Lodge, July 8th.

We regret that we are not now in possession of the history of his life; we hope some one will do us the kindness to furnish same for our next issue.

ANNOUNCEMENT.

The Seventeenth Yearly Post Graduate Course in ORIFICIAL SURGERY by E. H. PRATT, M. D., will be held in the amphitheatre of the Chicago Homeopathic Medical College, corner Wood and York Streets, Chicago, Illinois, during the week beginning with September 7th, 1903, having a four hours' daily session.

Doctors invited to bring obstinate cases of every variety of chronic disease.

For particulars address

E. H. PRATT, M. D.,
100 State Street, Suite 1203,
Chicago, Illinois.

The prospects for the American Medical College were never brighter. We are led to conclude that the coming session will be one of the very best in the history of the institution. Write for announcement and catalogue, and send us a list of names of prospective students within your knowledge.

At the last meeting of the Missouri State Board of Health thirty-one applied for examination for license; of that number eleven failed.

Dr. J. E. Underwood, Waveland, is one of the live physicians of Yell County, Arkansas. We have had the pleasure of sending him some books recently which indicates that the Doctor is aiming to keep abreast of the times.

Our California brethren are hustling now for their state meeting to be held next May at Los Angeles. They are soliciting names for a strong program to be presented at that meeting; and they give us the assurance that their new hospital will be completed and in running order by that time. 'Rah for California Eclectics.

Dr. Russell Truitt, E. M. J., of Cottonwood, Idaho, has been appointed by Gov. Morrison a member of the State Board of Medical Examiners for Idaho for a term of six years.

WANTED—An active young Eclectic physician to locate in Idaho; one who is a skillful surgeon preferred. Address, R. Truitt, M. D., Cottonwood, Idaho.

FOR THE JOURNAL.—(Contributed, Editor.)

WE HAVE BEEN TOLD

—That the "gentleman from Africa" who so ably represented the Equal Rights League district during the sittings of the Missouri Legislature last winter, and who at the time was not expected to survive, has entirely recovered from the shock.

—That the "church mouse" has crawled from under the circus tent and is now enjoying a hermit's life in the barn-yard.

—That "Pap" Younkin will be found at the American this term performing his duties as of yore, but will wear a different Prince Albert from the one worn by him last winter.

—That the associate editor of the American Medical Journal, Dr. W. L. Leister, knows what he is talking about when he suggests that the sessions of our state society meetings be lengthened. We endorse every word the Doctor says in regard to this matter. Dr. Leister is O. K.

—That when Dr. J. C. Huntley, formerly of St. Louis, but now located at Judsonia, Arkansas, read in the July issue of the American Medical Journal, that at the session of the National Eclectic Medical Association, held at Indianapolis, Indiana, June 10th, 1903, that the members of the State Medical Examining Boards had discussed the question of separate and "mixed" boards and all agreed that the present plan was the best of the two, he (Dr. H.) rolled his

eyes toward heaven and with a look of astonishment, exclaimed: "Lord, save the Leaguers."

—That the editor of the American has not been shown yet, as per his request in the June issue: He undoubtedly is not "from Missouri" or he would have been shown the first of May.

—That Doctors Rigler and Whittlesey knows a good "thing" when they see it.

—That the faculty of the American Medical College is made up of the very best material and good results are assured.

—That St. Louis was very poorly represented at the meeting of the National Eclectic Medical Association, held at Indianapolis, Ind., June 10th, 1903, there being only three representatives from the World's Fair City, namely, Drs. Stephens, Upshaw and Helbing. (See N. E. M. J., page 100). It seems to me that I had the pleasure of shaking hands with five brethren from St. Louis. Was it a dream? "We went there with a purpose in view, and that was to bring the National to St. Louis in 1904; and we got it."

A. P.

PUBLISHER'S DEPARTMENT.

Life Nourishes Life—Bovine.

The origin, evolution and interdependence of the different species of animals are themes ever full of interest.

Waiving all discussion of the origin and evolution of the species, as well as other questions of biology and mythology, it is conceded that man was created "a little lower than the angels," but a great deal higher than the highest of the brute family.

Practically, as declared in Holy Writ, man was given dominion over the beast of the field and the fowls of the air. He can not cope with the elephant or lion in strength, but he can devise traps and pitfalls in which to capture them. He can not run with the deer nor fly with the eagle, but he can invent explosives swift enough and rifles accurate enough to overtake either of them.

Brain triumphs over brawn; mind conquers muscles. The ponderous elephant obeys the pusillanimous prod of his pigmy keeper, because the prod is wielded by a superior intelligence. Timid philosophers and pessimists indict this fact of supremacy and dominion as a mere opportunity for cruelty. It is nothing of the kind. It is predestination—a part of the original plan.

Throughout the entire length of the chain, the lower orders contribute to the higher. But for this law of interdependence and necessity the progress of the race would have halted ages ago, and in its noblest representatives of to-day would rank no higher than the recently discovered "little bushmen" who skulk in the jungles of unexplored Africa.

Life sustains life—it is the law, order and sequence of Nature. Our present knowledge does not enable us to define this mysterious life, but we know how it is nourished. The animal transmutes plant, pulp and seed into assimilable nutriment, dissolves it in a saline fluid (serum) and send it coursing through the distributing channels of the body. It is free from waste, distilled, refined, perfected by unerring vital chemistry—it is ready for instant use.

Bovine is this vital fluid, perfectly sterilized and protected from deterioration. In Bovine the life giving elements that go to sustain and build the body retain all their nutritive integrity, ready for immediate absorption into the circulating medium, that medium through which all degenerative processes are interrupted, all repairs accomplished, all growth induced. There are no artificially prepared foods to be compared with it, since Nature herself compounds, refines and perfects it to her own needs and purposes.

We can not reiterate it in too strong language that the blood is the sole sustainer of life. It carries, contains and contributes every atom, element and molecule of matter that goes to build, sustain and restore the human body—muscle, nerve or brain, flesh or framework. None of the artificially prepared foods, whatever their names or claims, are thus vivified, vitalized, ready for instant assimilation and transmutation into vital force—into vigorous life.

Bovine is all this. It is this life nourishing fluid, perfectly pure

and preserved from deterioration; fully charged with every nutritive element required to replenish the impoverished current. In short, it is an ideal builder, repairer and nourisher in all conditions where an instantly assimilable nutrient is required.

THE BOVININE CO.,

75 W. Houston St., New York City.

Coca Increases Assimilation.

The efficacy of Vin Mariani as a tonic does not lay in its property as a nervous-stimulant, but in the more effectual and lasting property arising from improved assimilation, thus provoking continued support. This is scientifically explained by the physiological action of Coca upon the several systems of the human organism. Aside from any cerebral action Coca is a depurative of the blood, freeing the stream from a burden of waste products, which, manufactured through ordinary wear and tear in the vain struggle for existence, may, because of some physical imperfection, have been improperly eliminated. The presence of these waste products not only interfere with assimilation, but precede a long train of following troubles such as rheumatism, gout, diabetes and liver and kidney disease. But man must work, while habit or environment is not always hygienically conducive to normal repair, yet knowing this, perhaps, he still must labor on under unfavorable conditions. It is in such cases that Coca acts as a remedy veritably magical. Consider the poor Indian, who toils, amidst the greatest hardships, over the bleak and rugged Andes at an altitude where mere existence is a serious problem! He is supported through these struggles by Coca alone. Similar systemic results to those that beset him are met with in the midst of the most advanced civilization, and may be offset in a similar way. Scientific cleverness has adapted the primitive methods to modern conveniences. Vin Mariani presents all the efficacious possibilities of Coca in a form that is at once convenient, agreeable and positive.

Sanmetto in Chronic Cystitis, Chronic Urethritis and Pre-Senile Impotence.

To whom it may concern:

This is to certify that I have used Sanmetto extensively in my practice and can recommend it in chronic cystitis and chronic urethritis. I have used it in pre-senile impotence with remarkable and brilliant results. I regard the remedy, after making crucial clinical tests in the above named diseases, as the sine qua non of all the remedies in these diseases.

THOMAS M. BROWN. M. D.

Oakland City, Ind.

Melancholia, Insomnia and General Lowering of Nerve Power.—In a very forceful and exceedingly interesting paper on this subject, published in the Cincinnati Lancet-Clinic, Dr. T. D. Fink of Louisville, Ky., writes the following: "I am convinced that there is no other remedy so useful and with vasomotor disturbances, anemic headache, emotional distress, and active delusions of apprehension and distrust as Antikamnia Tablets. These tablets also increase the appetite and arterial tension, promote digestion, and are particularly serviceable in relieving the persistent headache which accompanies nervous asthenia. In neurasthenia, in mild hysteroid affections, in the various neuralgias, particularly ovarian, and in the nervous tremor so often seen in confirmed drunkards, they are of peculiar service. Patients who suffer from irritable or weak heart, needing at times an analgesic, can take them without untoward after-effects, knowing that the heart is being fortified. In delirium tremens, they relieve when there is great restlessness with insomnia and general lowering of the nerve power. The pain of locomotor ataxia yields to treatment with Antikamnia Tablets in a remarkable degree, their analgesic power being of a peculiar kind, in that they will relieve painful affections due to pathological conditions of the peripheral nerves, as neuritis, etc., also lumbago, sciatica and myalgia. In chronic catarrh of the stomach, with its often accompanying headaches, in cardiac dropsy, and in ascites, they are of decided benefit."

Treatment of Eczema of the Scalp.—Parker pleads for more patience and perseverance in the treatment of this troublesome affection. So many physicians prescribe time or pronounce the condition hopeless that parents often discredit the physician who promises recovery within a reasonable time. The first measure in successful treatment is a thorough washing and shaving of the head. Castile soap and much water of a temperature not less than 100F. should be used. The same water should not touch the head twice and pledgets of absorbent cotton are to be used to remove the crusts. When cleansed the head should be dried with a clean soft towel. During treatment the pillow case should be consigned to the wash-tub each morning and a clean one

put into its place. These are not over particular but imperative details, if favorable results are desired. Jugglery in prescriptions can not avail and rigid hygienic measures, extending to all the surroundings, must accompany medical treatment. The second step is in the case of nursing infants to treat the morbid constitutional condition, generally found in the mother. The alterative, iodia, is nearly always applicable and in severe cases should be administered to both mother and child. If the irritability attending the eruption requires special treatment, bromidia should be given. Some children will require an easily assimilated iron tonic. The bowels must be kept open with a mild aperient given in the early morning. Locally boroglyceride is the best ointment. Ecthol is also a remedy of much value, being a powerful corrector of depraved conditions in fluids and tissues. It is employed diluted, according to the severity of the case, and sprinkled upon a thin cap of surgeons' cotton. The cap should be renewed, and the old one burned, daily.—[Medical News.

Spasmodic Summer Complaint.—At this season when intestinal troubles are so prevalent accompanied by the usual manifestations, Abdominal Cramps, etc., nothing seems to relieve the distressing condition so promptly as Hayden's Viburnum Compound, a true and safe anti-spasmodic.—Give two teaspoonfuls of "H. V. C." in six of hot water every twenty minutes until relief is afforded. Be sure that the genuine "H. V. C." only is administered.

I have found that in Typhoid Fever where the patients were nervous and restless, Neurilla acts nicely in tranquilizing their condition, and is a most valuable aid to the other treatment.

S. PICKERING, M. D.,

New Castle, Ind.

CONVULSIONS may frequently be cut short, like magic, by teaspoonful doses of CELERINA repeated at short intervals. The nausea as an after-effect of chloroform or other narcosis, may generally be controlled in the same manner.

THE AMERICAN MEDICAL JOURNAL.

VOL. XXXI:

SEPTEMBER, 1903.

No. 9.

ORIGINAL COMMUNICATIONS.

SOME PRACTICAL POINTS ON MICROSCOPY.

BY J. L. INGRAM, M. D.

We are constantly in receipt of specimens of pus, blood, sputum, urine and other fluids, and cuttings of tumors and scrapings of skin, bone or mucous membrane for microscopical examination for differential diagnosis.

Many of these specimens reach us in such a condition that we can do nothing with them. Just imagine what sputum looks like after it has been wrapped in absorbent cotton for several days, and we think you will have a very vivid mental impression of vacuity, and vacuum has no characteristic structure or chemical composition which the microscope or chemical analysis can detect.

Others send fragments of tumors suspected to be malignant wrapped in paper, cloth or cotton, and by the time they are received they have become so dried out that they are beyond redemption and cannot be properly hardened, sectioned, stained or mounted for the microscope, and the senders' trouble and pains go for naught. The following

simple directions if carefully followed will prevent those undesirable results and greatly facilitate the work of the operating Microscopist or Chemist.

First, urine should be placed in a thoroughly tight clean bottle as soon as voided and sealed at once and sent by mail or express, and if the weather is cool there need be nothing added. In hot weather a drop of formaldehyde to the ounce will prevent fermentation. Sputum should be treated the same way, care being taken to have the container perfectly clean and aseptic.

With solid tissues it is different, they need careful and gradual preparation to bring them up to a condition where they can be safely shipped and yet retain their characteristic cells and stroma in their natural state. For the purpose of hardening and preserving these specimens alcohol is the best means at hand and it also possesses the other quality, good or bad, of being easily obtainable anywhere, dry states not excepted. Now alcohol is the hereditary enemy of water (this is understood by all) and for that reason when it comes in contact with the tissues it abstracts the watery constituents thereof so rapidly that the fibrous and cellular parts are distorted and we get an entirely wrong impression of the nature of the tumor. The idea to be kept in view is that the tissue must be hardened but not at the expense of its normal arrangement and structure. For this reason freezing is the best method of all, but impracticable in the case of those for whom we write.

Now if a specimen of cancerous tumor should be placed into strong alcohol that fluid would have the effect to greatly change the arrangement of the stroma which is the characteristic diagnostic element of this class of neoplasms. To avert this disastrous result let the tissue be treated as follows, no matter what its character or source.

Let the tumor be quartered and a piece one quarter of an inch taken from each quarter that all parts of the growth may be examined, for it may be a mixed neoplasm. Then let these fragments be placed in a five per cent. solution of chloride of sodium for ten hours, washed out of this and put into a twenty-five per cent. solution of alcohol, made by the addition of seventy-five per cent. distilled water. It is allowed to remain here for 24 hours then placed in a fifty per cent. solution of alcohol, then into a seventy-five per cent. solution of the same fluid and after remaining 24 hours in each may be placed in ninety-five per cent. alcohol with a drop or two of formaldehyde to the ounce and forwarded to the laboratory.

Scrapings of epitheleoma, etc., should be sent in tight bottles with any fluid that may be present at the time, for this fluid frequently contains elements of great importance in making out a clear diagnosis. Each package should be correctly dated and labeled.

If these directions are heeded the operating Microscopist or Analytical Chemist will not have much complaint to make and the results will be most satisfactory to both him and his client. Many other hardening and antiseptic agents might be mentioned, but in ordinarily cool weather the foregoing give results that are all that could be desired.

It should be remembered that the care and expense of a microscopical outfit and the time required for a conscientious microscopical diagnosis are great, and the operator is entitled to remuneration for these. The cost of a microscopical examination of tumors, sputum, urine, etc., is from two dollars (\$2.00) to five dollars (\$5.00) each. When urinalysis is also desired, five dollars (\$5.00) to ten dollars (\$10.00), which should accompany the specimens.

DEATH OF DR. C. W. HINCHMAN.

It is with the deepest regret that we announce the death of Dr. C. W. Hinchman, who died at his home in this city, on the morning of Tuesday, July 7th, at the ripe old age of 71 years, 6 month and 18 days.

While the doctor had been in failing health for some time, his death was very unexpected. During the 4th of July he sat out on his porch and had a kind word and smile for all those passing.

The funeral services were held Wednesday, conducted by the Odd Fellows, at his late residence, after which the body was laid to rest in the I. O. O. F. cemetery.

Dr. Hinchman was a native of London, England. He came with his parents to this country when a small child, settling at Newark, N. J., when a short time later his mother died. After the death of his mother, he went to live with an uncle, but only remained a short time when he left, and although a small boy, commenced working on his own responsibility. He struggled along working on a farm, educating himself as best he could, at spare times. In 1850 he went to Charleston, Ill., where he clerked in a store for a number of years. He then took up the study of medicine; and first located to practice at Quincy, Ills., where remained four years; he then went to Kinderhook, Illinois, practicing there two years, and then went to Maconpin County, same state, where he practiced his profession for twenty years, from 1860 to 1880, he then came to Golden City, where he resided up to the time of his death. In 1856 he was married to Miss Zerilda Ingram, of Coles County, Ill., who survives him.

Dr. Hinchman was a kind-hearted man, charitable, and always ready to help the poor.

PSYCHOLOGY IN MEDICINE.

BY ALEXANDER WILDER.

Mens agitat molem.—VERGIL.

I have often wondered how much it was safe to believe. If we limit it to what we understand, it will leave us worse off than the animals; we understand so little. Doubtless, then, it is better to be somewhat credulous. I say "somewhat," for certainly it cannot be well to go to the extreme. There are bounds which it is not safe to pass. But what they are cannot easily be determined. Surely no one individual is competent to prescribe them for another. He who can set them justly for himself is fortunate. Yet we must take the risk. We may not succeed in our quest for the goal; but if we do not make it, we fail at the outset. We may be cheated by mirages, we may not calculate aright, we may blunder almost irretrievably; but all the same, we do right to venture. Our faith will redeem us somehow. Who doubts, hesitates and is lost. Hence courage to believe is the quality of a man; while discretion to avoid diverging from the right line, is the endowment of a sage—perhaps of a divine being.

When we explore the field of psychology and investigate its relations to the Art of Healing, we are cutting loose, in a great degree at least, from what is considered the beaten track, from the way which empiricism has opened and levelled for mankind to walk in. We are taking our very life in our hand, and risking honor, reputation, and all that men esteem. We are daring an unknown ocean, like Cabot and Columbus, hardly certain whether the land beyond is the old India that is known, or a new world that no one believes to exist.

Nevertheless, we cannot be really physicians, skilled in the knowledge of nature and of man, except we not only

render to empiric science what belongs to it, but also give to the psychal knowledge that which is its share. The mind, that which thinks and wills, is really the personality; and the body, with its accidents and diseases, is the product of mind. We therefore, in order to comprehend how to protect from disease, and to recover from it, should be skillful in perceiving the agency of mind in the matter, and how to employ it in the restoring of health and order.

Psychological Medicine is by no means an art or practice which relates solely or chiefly to lunatic asylums. A man is hardly to be considered proficient in psychology, because of being an expert alienist. Souls are not to be studied and learned from the phenomena of the madhouse. They are to be known as human beings, both essentially and in their manifestation.

In the psychic principle we recognize that quality of our nature which is persistent, which preserves identity while the material particles which constitutes the bodily organization are wasted and renewed. With that persistent principle we perceive the essential qualities of volition and understanding to be included, which make up the moral nature. As it sustains the body in its organic conditions, we are certain that these moral qualities have their influence upon the bodily health. Psychology, therefore, is prior to physiology, and of course to pathology. Hence the name which we give to a morbid state of body is disease, or unrest; which is essentially a disturbed, unbalanced condition of mind. The normal condition is health or wholeness, a state of being entire—body and mind in unison and harmony.

We will waive here all that we are able of metaphysics. It will be enough for the present purpose to recognise a supernatural or superior-natural principle, and to give it due acknowledgment for the part which it bears in the physical economy. Recognising this, we may readily apprehend the agency of the psychal nature in the phenomena and condi-

tions of the body, and perhaps may learn how to employ it for the well-being of the corporeal organism.

With the methods popularly or technically known as "Mind-Cure," "Metaphysical Medicine," "Christian Science," and others of analogous character, we do not profess to deal. Neither denying nor declaring their soundness or reasonableness, it falls to our province to treat of matters coming more directly within the purview of the recognised Practice of Medicine.

I am aware that in the modern scientific creed, the miracle no longer holds any place of honor, but that what is denominated law is held supreme. With my own interpretation of the term, I am willing to subscribe to this formula. But this supreme law may not consistently with good sense be regarded as the force of a blind unreason, but as the energy of a dominant intelligent will. How that energy which pervades all things is directed by that will is a problem not so easy to define. We are cognisant, of the operation of three qualittes, commonly known as imagination, faith and volition. Each of these is a factor powerful in its way to disorder the body in its various functions, and of course more forceful to restore it and enable it to maintain normal conditions. It is the province of the imagination to create mental images, to form ideals and impart them to the understanding and moral nature. Faith is the energy or resolve by which we believe. Volition is the interior love and will objectified into active purpose.

Of the obliquity and perversion of these qualities, and the resulting abnormal conditions, our literature is full. It has been suggested that if we were intimately acquainted with the molecules of the brain, we could by their peculiar excitation divine the actual thinking and purpose. It is no extravagant notion, then, if we endeavor by the morbid or disturbed condition of the bodily functions, to trace the corresponding mental condition which is its cause or effect.

"When the mental states are of a disordered and depressing character," says Dr. C. F. Taylor, "they occasion more or less disturbance of the functions and their physiological processes." Every passion and quality of mind has its focus and characteristic operation in the bodily organism. The memory receives knowledge as the stomach receives food, for future digestion and assimilation. Wholesome knowledge is a powerful therapeutic. The Alexandreian Library had over its door the inscription: "Medicine for the Mind." Curiously many literary men suffer much from indigestion, while as a general fact men devoted to science and mental culture are longest-lived. The condition results from the way study is performed. Torpidity of the mind enfeebles the digestive system, and renders the individual prematurely old. Substances coming into contact with the inner surface of the stomach effect the states of the mind. Wine "maketh glad the heart," and "strong drink" is beneficial to those in extreme misery. Fish-eaters are stupid and sensual. Rice influences the reflective powers. Tea, coffee, opium, hemp, coca, all act on the mind. As the thinker feeds so he will work. Inflamed stomachs, whether from hunger or disease, are excitatives of violent and murderous activity. Impatience, irritability of temper and a tendency to destroy are thus occasioned; and in their turn they disorder the stomach, and even disorganise the blood.

Melancholy suggests by its name a black, morbid bile; and that the liver and other organs working in concert with it are remiss in their functions of elimination. Insanity is attended by constipation; a great mental activity by a reverse condition. Byron prepared for work by swallowing epsom-salts. The nervous focus of the bowels is in the head near the region which the phrenologist term Hope; and it is certain that a congested condition at this point attends intestinal disorder. A despairing habit of mind, a disposition to forebode evil, is certain to affect the bowels morbidly. Even

to think much of the ill actions of others, to judge their motives unfavorably, or to anticipate evil of them or from them will reflect upon the nervous system, disturb glandular action, and produce an ill bodily condition. It is wrong to dwell upon past enjoyment rather than upon present advantages or experiences. The past, both for ourselves and others, has accomplished its uses, and is, so to speak, effete and to be eliminated. The "inward man," as well as the physical structure, requires to be "renewed day by day." Peevishness, the criticising of the motives and conduct of others, a censorious temper, will rob the liver of its energy, and so will likewise occasion abnormal secretions by the kidneys. Indeed the habits of thinking seem to govern the latter function. Excessive study and mental activity we all know produce an elimination of an unusual quantity of phosphates. The peculiar habit of thinking will also occasion other analogous phenomena. The forcing of the brain in children at school thus produces an untold amount of disorder. The concentrating of thought upon any subject for an undue length of time, leaving other faculties inactive, overturns equilibrium of mental action and results in corresponding physical disturbance. Monomania is a product of such causes. It is by no means improbable that many hobbies, insane notions, and religious irregularities are the effects of such a habit of mind.

Joy stimulates the circulation of the blood and determines it toward the surface of the body. Anger also accelerates the circulation, but has the effect of electricity to disorganise it, even sometimes paralysing the heart. Fear weakens the flow of the blood, making the complexion pale and even ghastly. Sadness effects the same thing to a degree. The contemplating of a part of the body will cause the blood to flow thither in increased quantity, and increase its sensibility, —even to disagreeable results. Indeed it would not be difficult to frame a catalogue of mental disturbances and arrange

them in a class with the bodily disorders to which they are allied. One school of pathologists actually profess to trace a relationship between specific points and regions in the encephalon and distinct parts of the body, so that the healthful or morbid influence which affects the one is reflected upon the other.

In this way every part of the body is focused in a corresponding part of the nervous system; and so the latter being the direct physical organism for the mind, is the medium for the mind and will to act vitally, morbidly, or beneficially upon the corporeal structure.

At the pit of the stomach, in the semilunar ganglion, the whole physical life is centred. If a blow is struck there with sufficient force, death occurs at once. Every depressing emotion excites the sense of weakness at that point, which if continued will become actual disease. Impairment of the force of the will is accompanied by deficient nerve-force, and the outcome is debility of the whole body. In most chronic diseases, those characterised by nervous prostration and general weakness, disturbance at this region will be found to be at the root of the mischief. Every class of insanity, however caused, is preceded by debility and enfeeblement of the ganglionic nervous system. Moral agencies such as are set in operation by individuals of a despotic temper when attempting to tyrannise over another, or by the endeavor to check or discourage in any manner upon that which the heart is set, will debilitate the body. The glandular structures are all directly under the control of this nervous system, and their functions become deranged; so that secretion is abnormal; "the whole head is sick and whole heart is faint." The medulla oblongata, the first beginning of the brain and its efficient support ever after, is the part in the encephalon which is poor to the solar region of the body.

The cerebellum is the structure upon which the muscular sense and power depend. It perfects the operation of

the cerebrum, converting thought into conviction, and enabling the purpose to be carried into effect. Its influence is diffused over the whole body, imparting warmth, energy, and the sense of physical pleasure or pain. The spinal cord is the intermedial nerve-structure from which all the organs of the body are supplied, and by which they are kept in close relation with the encephalic regions. Disease in any part of the body is attended by soreness or tenderness at a corresponding point in the spine. The "small of the back" is the pivotal centre of the whole trunk—the strong point or weak point, as the case may be.

The pneumogastric or vagus nerve is the direct medium of communication for the medulla and brain to the different structures of the body. While the sympathetic or ganglionic nervous system influences all the processes of organic life, the pneumogastric conveys the mental stimulus to the larynx, pharynx, œsophagus, lungs, spleen, liver, stomach and intestines. It unites the two great nervous systems, and carries the messages of the will to the various regions.

Every organism of the body has its focus in the encephalon, from which it is directly controlled, and which it affects in its turn. The intestines are thus controlled from the point between the regions classed by phrenologists as Hope and Veneration, and indicate disorder by abnormal heat or coolness at that place. The duodenum has its encephalic centre, however, between the ear and angle of the eye, and when it is inflamed there will be a tender spot at that point. Sore eyes, which accompany this affection, will be relieved by cooling, or appropriately treating this part of the head. The liver has its nerve-focus in a region of the head situate between Cautiousness and Combativeness, which fact seems to be confirmed by the peculiar emotional condition, the sadness and melancholy incident to hepatic disorder. The muscles of the body appear to have their point of concentration in the region midway between Firm-

ness and Self-Esteem; as is demonstrated by the fact that in cases of women suffering from debility, this region is sensitive to pressure, inflamed and congested.

When the cerebrum is disproportionately active, it exhausts the energy that is needed by the cerebellum and other parts of the encephalon, and so they fail in properly stimulating and invigorating their parts of the bodily organism. Nevertheless, the power of the thought and emotional nature to enfeeble the body is far exceeded by their energy to heal its infirmities. Life is strength; death and disease are weakness. The influence of the mind to give life, delight and integrity to the physical organism is therefore far greater than its converse. As a factor to restore the body to soundness it is superior to all forms of medication, or even hygienic agencies.

Everybody can give examples of illness and recovery, produced by mental causes alone. We know, too, that the confidence of the patient in the ability of the physician to treat him successfully is an agent for his recovery more potent than the skill employed. Bringing the imagination and will into activity, the more arcane forces of the nature are made effective to restore to normal health the involuntary functions of the body. It makes little difference, comparatively, who or what the physician is, whether the cultured effeminate-voiced practitioner of the boudoir, the vociferous quack-mannered blatherskite, or the witch-doctor of the African swamp. The chief part of their influence is due to the power which the mind exerts upon the body.

"Do you believe in faith-cure?" she asked.

"Certainly," the doctor replied. "I have cured many patients in that way."

"How?"

By their faith in me," was the answer.

I often suspect that more persons are healed by this form of faith than by drugs, medicaments and regimen put together. I do not mean that a maimed body, an extinguished eye or a defective tooth would be restored to primi-

tive wholeness, but that ailments which the nerve-force, the circulation of the blood and glandular action can influence, are thus brought within the range of healing efficacy. Galen himself declared that hope and confidence were of more power than medicine; and in these days, when men like Oliver Wendell Holmes openly avow their skepticism in regard to the drugs they employ, it can be no stretch of credulity that is unwarrantable, if any of us should venture to surmise that hope and confidence may exist in such form and degree as to enable us to dispense with the drug. Certainly the physician who succeeds with his patients approximates that concept. "The doctor operates by skill of character rather than by skill of knowledge," says Edward Spencer. "It is the active, not the speculative part of his mind that wins him professional eminence. Not in his science, but in his personality, is the secret of his power. His insight is sympathetic, much more than diagnostic. It is his office to touch the springs of hope and confidence, to soothe the chafed nerve, to quiet the secret fear and revive the fainting heart."

It is not so easy with this explanation to accept the common distinctions made between genuine physicians and those denominated in the current medical slang, quacks. What is called Science is plainly not the main thing; the person rather than the drug is the healing agent. He is sometimes a man of delicate and intuitive insight, with sympathetic feeling for character; in other cases, arrogant, overbearing, self confident and conceited. Yet, in both classes the confidence of the patient will be won, and so the result will be good. The physician's confidence in his own powers, is the measure of the patient's reliance upon those powers, and so of the efficacy of the treatment. It is a communion of faith with faith, and so a power to salvation. The struggle with disease is more or less a moral conflict, requiring the moral faculties in the strife. The confidence of

the physician must have its origin in his consciousness of power, not merely of discernment to determine the ailment and skill to select the remedy, but of his own ability in his personal nature to meet and overcome disease. The person who thus possesses a vivid sense of his powers of working benefit possesses the genius for healing.

"From all these things," says Spencer again, we begin to discover the doctor's right place and real importance in the economy of society. His work is not to be done by means of drug or knife, but by means of his counsels, and, above all, by the force of his manner. He enters into the very life of the invalid in his struggle with disease, sustains him, and holds up for him his languishing right hand until the victory is decided. It is the doctor that cures us, not the doctor's physic; and the quack has very often valid reason against the scornful repudiation he gets from the physician, since his mere manner very often effects that which all the science of the other has failed to accomplish."

This, certainly, is in accord with the general belief. Medicine, in this view of the case, is to a great degree simply a kind of magic charm or amulet, by which the imagination is made to work, and faith stimulated. This explains, perhaps, why certain drugs are seemingly beneficial in one man's hands and ineffectual with another. The physician and his medicine, are both inciters of confidence. With the manner of the physician, the peculiar ceremony of his examination and prescribing, the patient is excited to hopefulness; the mind is set to work, and the body reacts, producing a beneficial result. The priests of the old religions who affected to heal, made use of corresponding agencies. The art of healing being regarded as divine, the presence, the words, the touch of the healer himself, were believed to transmit a divine influence, and the medicine to have a supernatural potency. In this way the practice of medicine had its beginning, and it has not attained a very great dis-

tance from the starting-point. How far it should go, and whether it is not destined to form a circle, ending where it began, or ascending spirally, are questions of interest.

Enough has been observed in human experience to show that vital force, like animal warmth, can be imparted from one living being to another. Mesmerism has demonstrated this abundantly. Roger Bacon was asked concerning the elixir vitæ of the alchemists. He replied by citing the story of King David and Abishag. When the woman with hæmorrhage touched the garment of Jesus, he declared that virtue (*dunamis*) had gone out from him, and that her faith had made her whole. If this be ascribed to imagination, then an appeal may be taken to Lord Bacon, who declares that "the imagination is next akin to miracle-working faith." We have read of the two patients visiting the surgeon that he might excise their scirrhus tumors. The one being a lady of social position was first placed on the operating table. When the turn of the other had come it was found that her tumor had disappeared. Dr. Beddoes believed the nitrous oxide to be a specific for paralysis. Sir Humphrey Davy was assisting him with a patient for experiment, and placed a thermometer under the man's tongue to ascertain his temperature. The patient supposed this to be the operation, and enthusiastically declared that he felt an improvement. The hint was taken, and the thermometer employed two weeks, with perfect success. The numerous cases of hydrophobia, so called, are illustrations of disease produced by morbid imagination; and fear has proved more dangerous than infection in the propagation of Asiatic cholera. The influence of mind upon mind, whatever the name it may be called, is the agent to heal or to kill. Mighty works cannot be done when there is unbelief; mountains can be removed when there is faith equal to it.

This all comes within the range of a sound philosophy. That it is wonderful (miraculous) is no valid argument. A

person once denominated mesmerism a miracle because it enabled the individual to see without using his eyes. Yet the ability to see with the eyes is a phenomenon equally wonderful. The mind operates through the agency of the nerves, and by analogous reasoning we are warranted in the belief that it may also effect results without them. The sympathy of one person will mitigate the anguish of another; hopefulness will arouse hope and cheerfulness lift the pall of gloom. Health is a thousandfold more "catching" than any disease.

The vis reparatrix Nature is absolutely a mental or psychic quality. That which constituted us living personalities is potent to keep us such; that which caused the body to come into existence as an organic structure is able to maintain its health. Only this is the fact: that the mind as a volitional principle is dominant over the life as an organising factor, and by virtue of that superiority may enfeeble or recruit its energy. Freedom both of mind and action are essential conditions; and God himself always scrupulously preserves the freedom of the human will. Strength of body is actually an outgrowth of the mind; the greater the courage and confidence the stronger the muscle, the more active and healthful the various functional activities. Remove the pathological condition of the mind, and the work of healing from disease is easy.

Allusion has been made to the reaction of the body. If we would induce a mental condition we will generally succeed by placing the body in the corresponding attitude. Goldsmith could not dictate to an amanuensis; he must have the pen in his own hand to enable thought to flow readily for taking down. Burke relates that Campanella the philosopher employed this art to obtain knowledge of other person's thoughts and purposes. He would when alone seat himself in similar attitudes, take postures like some other individual and note carefully the operations of his own mind.

He thus made himself master of secrets that had not been divulged. His mind became a passive receptacle for the other man's thought. On the same principle the scholar and the writer are best enabled to do their work when in the usual posture of the body and at the accustomed place. Even the Hindu yogi seeking union with Divinity has his prescribed attitudes down to the minutest particulars.

Well would it be if these matters received more attention. Medical knowledge, the art of healing, upon its superior side, must be revered as the noblest pursuit of man. It is the outcome of the highest aspirations, the most recondite discovery. Upon this tree of knowledge is no forbidden fruit, the eating of which is death; and the tree of life is beside it. It is purely a completer, higher knowing of human nature, such a knowing as constitutes the individual a physician because he is conversant with Nature herself.—[Transactions National Eclectic Medical Association, Vol. XIX.

THE SYMPATHETIC NERVOUS SYSTEM.

AND

Official Philosophy Inseparable in their Relation to Health and Disease.

BY N. J. CARRIKER, M. D., M. E.

With the amount of available literature upon this subject, it seems that physicians, in general, are slow to grasp the importance of knowledge along this line. I am forced to this conclusion from the fact that so many fail to get the relief they should have, and could get, if this subject was understood and used as it should be.

The sympathetic nervous system consists of a series of ganglia connected by interrupting cords, forming a double chain, one cord on each side of the spinal column which extends from the brain to the coccyx. On these double chains,

or cords, are 28 pairs of ganglia and a single ganglion formed by the converging of these sympathetic cords at the coccyx. Each ganglion may be regarded as a distinct center, which receives motor and sensory filaments from the cerebro-spinal, and communicates with other ganglia by means of intercommissural fibers, and sends branches to the internal viscera, and helps to form plexuses of nerves which ramify upon the coats of the blood-vessels.

The four cranial ganglia supply all the organs of the head and throat, as well as supplying the blood-vessels. The three cervical ganglia send three cords to the heart and enter into the formation of the cardiac plexus. The twelve dorsal, or thoracic ganglia, supply the aorta, the lungs, throat and the pulmonary sympathetic plexus. From the lower dorsal ganglia the three splanchnic nerves are given off. These roots unite to form a large cord which terminates in the semi-lunar ganglia. These splanchnic nerves also pass into the coeliac and renal plexuses. Branches from the lumbar ganglia assist in forming the aortic lumbar plexus. Filaments from the sacral ganglia are distributed to all the pelvic viscera.

The semi-lunar ganglia, two in number—sometimes called the abdominal brain—are the largest ganglia in the body. In addition to the semi-lunar ganglia receiving the great splanchnic nerve of both sides, they receive part of the lesser splanchnic and the termination of the right pneumogastric, and from the inner side radiating branches are given off to assist in the formation of the solar plexus.

The great plexuses of the body are the deep and superficial cardiac, the epigastric or solar, and the hypogastric. From these, branches are given off which form numerous smaller plexuses, which give off branches to every blood-vessel in the body.

These sympathetic nerve-fibers are of two kinds, communicating and distributing. The communicating com-

municate with each other and with the cerebro-spinal nerves. By this means the cerebro-spinal and sympathetic systems are brought into perfect harmony. The distributing supply all the internal viscera and coats of the blood vessels, and regulate the blood supply of the various tissues and organs of the body. These nerves are divided into vaso-dilators, which, under a stimulus, cause the vessels to enlarge, and vaso-constrictors, which, under a stimulus, cause the vessels to contract.

Nutrition, secretion and circulation are presided over and governed by the sympathetic nervous system.

As stated in the beginning, when we are studying the sympathetic nervous system, we are really studying orificial philosophy as it relates to health and disease. Orificial philosophy has especially to do with the importance of healthy openings of the body, and the great changes caused by reflexes through the sympathetic.

The great advantage to be gained through a knowledge of orificial philosophy, in the treatment of chronic and nervous diseases, should be familiar to all physicians, as it will enable them to cure or relieve stubborn cases that could not be reached by any other means.

The sympathetic nerve holds in close bond of union all the structures which it supplies, and the sympathetic force, when abundant, is the steam which propels the entire machinery of the body. If any part or branch of this sensitive tissue is suffering through compression or irritation and its force wasted, there cannot be normal circulation or vascular tone and peripheral nutrition. All nutrition depends upon capillary circulation, and the activities of the body upon peristaltic action, which is controlled by the sympathetic nerves; and the waste and repair of the sympathetic nerve-power is the all-important question in the healing of disease. For if the re-establishment of sympathetic nerve-power can not be accomplished, it will be impossible to permanently cure your patient. The sympathetic nerve is tireless in its activity; and unlike the cerebro-spinal system, it never

sleeps. Sensation and motion may be destroyed in a part and yet it will live, but let the ganglionic or sympathetic nerve-supply also be destroyed and death is the inevitable result.

When there is an irritation at one point, and the pain or distress is felt at another, we generally call it reflex. In the true sense of the term there is no reflex action at all, but a reflex sensation, or the sensation has been transferred to another part. These reflex processes are always ascending. The point of least resistance, or weakest organ, will be the seat of the manifestation of reflected irritation. An irritable stomach may be reflex from an irritable sphincter ani, or from the womb. This reflex action may affect the entire nervous system and result in nervous prostration if not removed. The reflex sensation may continue for some time after the irritation that caused it has been removed. The parts most likely to be bruised, irritated or injured by compression are the womb, rectum and bladder. The greater the irritation of the terminal fibers of the sympathetic and spinal nervous system the weaker they become and the less mental concentration will be required to produce insanity. Great care should be used in orificial work to avoid undue pinching of the nerve-fibers, not only in sphincter muscles but where wounds are closed or stumps are treated. There is nothing that will so undermine the vigor of ever peristaltic action as prolonged unremitting contractions of involuntary muscles. It tires the whole sympathetic nerve. The sphincter ani is more richly provided with nerves than any other muscle in the body. Its nerve supply is from two sources; the sympathetic and cerebro-spinal and it is the only one which requires constant expenditure of nerve force to maintain it in its normal active condition. Any one afflicted with piles will, sooner or later, experience trouble in other parts connected, through the spinal cord or ganglia, with the pile bearing area.

Morbid states of the rectum destroy reactive nerve power of the system to such an extent as to entirely prevent improvement in any disease until the source of nerve exhaustion is removed. If this morbid state is located posteriorly there is more apt to be spinal disorders, if located laterally the effect will be more especially in the lower limbs, but if in front it will be more apt to cause prostatic and urethral troubles. By dilating the sphincter ani properly, we can flush the capillaries of the entire body; immediately equalize the circulation; relieve local congestion in any part of the body; arrest sinking spells, allay nervousness; strengthen the memory; make the person more cheerful and relieve that tired feeling so often complained of as well as reduce swollen joints.

Rectal dilation is the greatest resuscitator from chloroform narcosis and will prove successful when all else has failed. It is not only useful in chloroform narcosis, but is valuable in morphine, opium, and cocaine poisoning and drunkenness, as well as for resuscitating the new-born infant. If this method should fail in acting upon the respiration in anaesthesia, passing a sound into the urethra will likely accomplish the desired result. The danger in employing an anaesthetic in persons of weak heart, or lungs, in official work, is reduced to a minimum, for the act of dilating the sphincter at once removes the congestion of the lungs and steadies the heart's action making the administration of an anaesthetic safe when under other circumstances it might be dangerous. In dilating the sphincter ani it should be done slowly and intermittingly, allowing ample time for the parts to stretch instead of tearing.

It should always be remembered that there is a close relation between rectal and sexual irritation and the base of the brain and consequently the eyes. This fact may give a clue to the cause of distress or pain in this part as well as weak eyes.

The reflex affections that come from a too tight, or redundant fore skin are many. Epilepsy, stuttering, weak mind, dwarfed in growth, and paralysis of the lower limbs are among some of the more important affections that come from this cause. Where we find a redundant, tight or adhered foreskin the best thing to do is to circumcise the patient.

A contracted meatus is very apt in time to cause irritation of the kidneys, bladder and prostate gland. In hip disease you should be sure there is no trouble with the foreskin or clitoris.

Dilatation of the cervix uteri and male urethra relieves pain and distress at the base of the brain and brightens the mind. The prostate gland is one of the most important reflex nerve centers of the body and any morbid condition there will cause nervous exhaustion and but few cases of neurasthenia in the male are without this irritation. The uterus corresponds to the prostate gland in the male, and any morbid condition of this organ will invariably cause a constant pain in the top of the head. Usually all menstrual headaches can be relieved by dilating the os uteri. Passing cold steel sounds into the uterus will tone up and strengthen it when it is atrophied and too weak to support itself and falls in any direction.

The reflex sensations, from the uterus and its appendages, are felt mostly in the spine and where we have a case of spinal irritation we should be careful to thoroughly examine the uterus and if affected, treat it first or in connection with the spine.

Where the head of the clitoris is bound down in children and young girls it is apt to cause serious trouble, such as was mentioned where there is redundant, tight or adhered foreskin in the male. I am satisfied that the insane asylums could be freed of the greater part of their patients by the use of thorough official work.

Some of the most stubborn cases of asthma are caused by reflex causes and can be cured by orificial work. Many cases of consumption are caused by irritation at the sphincter ani, the removal of which would give great relief, and many times cure in cases that are at all curable. Orificial work not only affects the local condition but flushes the capillaries and equalizes the circulation in every part of the body.

Orificial work does not mean rectal work alone, but every channel and outlet of the body; more especially the lower outlets and their repair if necessary. The work must be thorough, smoothing the parts that are rough, dilating contracted sphincters and removing irritation from the sympathetic nervous system. This method of treatment is no cure all, but has accomplished wonderful cures in many cases that no other means of treatment had reached. We should consider orificial work as one of the means only among the many for the relief of suffering humanity. In some cases it is all that will be required, while in others we will have to use every therapeutic measure at command; and even then with only relief.

ANNOUNCEMENT.

The Seventeenth Yearly Post Graduate Course in ORIFICIAL SURGERY by E. H. PRATT, M. D., will be held in the amphitheatre of the Chicago Homeopathic Medical College, corner Wood and York Streets, Chicago, Illinois, during the week beginning with September 7th, 1903, having a four hours' daily session.

Doctors invited to bring obstinate cases of every variety of chronic disease.

For particulars address

E. H. PRATT, M. D.,
100 State Street, Suite 1203,
Chicago, Illinois.

ASCLEPIAS SYRIACA.

BY JOHN WILLIAM FYFE, M. D.

COMMON NAME—Silkweed.**NATURAL ORDER**—Asclepiadaceæ.**PART USED**—The root.

DESCRIPTION.—This plant is also known as *Asclepias Cornute*, and in some sections of the United States it is called Milkweed. It has a stout somewhat branched stem from two to five feet in height. The leaves are spreading, opposite, and with a short but distinct petiole. Its flowers are fragrant, and a few of them produce pods covered with sharp prickles, which contain a mass of silky fibres with seeds attached.

DOSE—Fluid extract, 10 to 60 drops.

USUAL DOSE—5 to 20 drops in cinnamon water or other pleasant vehicle to cover its unpleasant taste.

INDICATIONS.—Insufficient secretion of urine and urine which is deficient in solids; suppression or retention of urine; primary syphilitic disease; congestive headaches from suppression of urine or sweat; nervous headache followed by sweating and excessive urination; acute rheumatic inflammation of the large joints; hepatic, renal and cardiac dropsy; dropsy following scarlet fever.

This plant possesses decided properties which should be fully and carefully investigated by the medical profession. It has been too much neglected. If its action in coughs, dropsies, dyspepsia, asthma, scrofulous and rheumatic conditions, amenorrhœa, and many other wrongs of life, were thoughtfully observed and faithfully recorded much valuable knowledge would unquestionably be obtained.

Asclepias Syriaca is tonic, diuretic, alterative, emmenagogue, stimulant and anthelmintic. In large doses it is purgative and emetic.

THE GREAT SOUTHWEST.

COMPILED BY W. L. LEISTER, M. D.

Cave Springs.

We have thought it not out of place to say something from time to time in favor of the many medicinal springs which are to be found here and there throughout this grand Ozark region. Besides being the home of the "big red apple" to take first premium over all competitors at World's fair next year,—(mark the prediction) over the whole balance of the world; this grand region abounds in living streams of pure cold water gushing forth from caves and hillside crevices until one need have no thought of a possible water famine.

The justly celebrated Cave Springs are to be found ten miles south-west of the city of Rogers. To be reached by daily stage from Bentonville—shiretown of Benton county, Ark., or from Rogers on Frisco railroad. The capacity of this outflow which proceeds from a cave mouth has been closely estimated to average 1,500 gallons of pure water at a temperature of 50 degrees Fahr. every minute, or 90,000 gallons per hour, or 2,160,000 gallons every 24 hours. The two caverns from which this phenomenal supply proceeds have been explored to a distance of one and one-quarter miles respectively, the source of the springs have not been determined.

The double cave mouth is immediately under a perpendicular bluff some seventy-five or eighty feet in height. A lake of perhaps 2 1-2 acres and of considerable depth is supported by this outflow. A fishery is in connection with this body of water. We saw speckled trout of mammoth size feeding from the hand of Mr. Bartlett, the owner of the fishery. A grist mill is run by power obtained from these springs. A remarkable feature about this double cave

mouth is that a very strong volume of air of equal temperature with the water comes out continuously as if it were forced by a hidden mighty bellows. If utilized by proper conductors there would be sufficient cold air to cool a very large hotel or sanatorium. The surrounding scenery, the mountains and valleys, the orchards and farms; all are very picturesque. A great many people visit Cave Springs for purposes of health and pleasure. Eventually it is to become the most frequented watering and health resort to be seen in this wondrous southwest land.

One of a series of early probabilities looking to the further development of this property and surrounding territory is the building of an electric road to connect with the city of Rogers. This information we obtained from Mr. J. Wyth Walker, president of Arkansas State Fair Association. We make these statements *in extenso* for reason that we desire to interest the proper people in the matter of the founding and maintaining a first-class summer and winter home for many of those unfortunates north and east who, run-down in body, brain and mind, are subjects for any or all those diseases which attack and destroy vital organs when left to shift in erratic inclemencies.

We hope to interest some doctor or doctors who may chance to read these lines. A correspondence is solicited, or if an interested one might spring up in Missouri, we would on his application, take pleasure in "showing" him.

It would be conferring upon the writer a great favor, if medical journals—especially Eclectic journals—would drop in their respective local departments the statement that The Southwestern Progressive Medical Journal was merged with The American Medical Journal and ceased to exist as a separate organ as long ago as two and a half years. The news has not been "carried to mother" as rapidly as we wished.

We have been testing Dr. T. J. Daniel's treatment for flux—given in August number. She works, Doctor. Please write your treatment for dysentery of irritation. I will follow it with atonic dysentery.

I would be pleased to have something from my old, fat friend, Dr. Smith, of Russellville. Dr. J. W. Lewis has rich nuggets of knowledge which we less favored ones stand in need to know. Send them up, Doctor.

Dr. Hudson, of Mulberry, the man who gave seventy drops of jaborandi to patient with incipient chill and "busted" it—the chill, to smitherenes, is too busy prescribing drugs and bossing his several hundred acres of cotton fields to write. We excuse you, Doctor.

The American Echo—The *Ne plus-Ultra*, the *Mulum in parvo* of lately launched literature—a monthly and now nearing its fourth month in age, "is upon our table," and if the editors—G. J. Patitz and F. A. Kraft, of Milwaukee, might see this item, they jointly and severally will do me the literary favor of my stay on this side to write my cognomen and special address in their mailing book to remain in perpetuity, or so long as the Echo may be able to echo and mine eyes continue to desire to follow lines conveying healthful, readful, restful, fruitful and altogether intellectual pabulum. The American Echo Publishing Co., Milwaukee, Wis. Price 50 cents a year.

We have received Bacteriological Chart with sixty colored plates giving shape and size of the classified bacteria so far as isolated. It makes a beautiful wall plate and can be hung in front or near the doctor's clinical chair. M. J. Breitenbach Co., publishers. Send and secure it—mentioning this publication.

THE RELATION OF DENTIST TO PHYSICIAN.

If the views of Dr. Harris promulgated in 1839 had been accepted by the medical fraternity of Baltimore, it is safe to conclude that dentistry would have been recognized upon equal footing with other specialties in medicine. However this was not the case and a dental college was founded. It is fair to presume that the medical authorities at that time did not have the requisite foresight. Dr. E. D. Shannon in an address delivered before the Ohio Dental Society and published in the Dental Digest, April, 1903, says, that dentistry is a speciality of medicine and that a dentist should have a knowledge of diseased conditions, but it may not be necessary to be adept in diagnosis and prognosis; yet he should be able to determine when a patient should seek the services of a physician.

In reference to the relation of the physician to the dentist, he points out the importance of how the conscientious physician should easily recognize the unsanitary condition of the mouth and its organs and judiciously advise that the dentist put them in a hygienic condition. On the other hand the physician and specialist should be frequently called upon to render valuable service. The trend of the article indicates that if skill of the dentist and physician combine forces it will quite frequently be better for the welfare of the patient. To this no one will demur. To the writer the question of ethics seems to be a bug-bear, and he further says: we have no written ethical law between the dentist and the general practitioner and I thank God we haven't. If I send a patient to the specialist I expect him to send that patient back to me when he has completed his particular work. Simply "do unto others as you would have others do unto you," and you cannot go astray.—[The Medical and Surgical Monitor.

THE COMPOSITE MAN.

BY E. H. PRATT, M. D., LL. D.

IMPERSONATION No. 1.*

THE BONY MAN.

LADIES AND GENTLEMEN:

First of all, let me entreat you not to be startled at my appearance. All of my associates—the muscles, blood vessels, lymphatics, nerves, skin, areolar tissue and organs, and more than all, the unseen forms of life upon whom we all depended—have been taken away from me, and I am left alone. I am merely the human skeleton, and under the circumstances of my late bereavement necessarily a little thin and ghastly in appearance. Perhaps I was one of your best friends, but, separated from my fellow human shapes, who rounded me out and made up my deficiencies of contour, you would scarcely be expected to recognize me. I grant you my cheeks are hollow, my eyes sunken, my mouth as extravagantly large as my ears are small, my nose somewhat abbreviated, my pate bald, my neck long and slender, my collar-bones rather prominent, my ribs so thin that they can be easily counted, my waist extremely pinched, my hips expanding, my arms and legs more like pipe-stems than extremities, my fingers and toes much longer than perhaps you thought they were; but nevertheless all by myself I am sufficiently complete to pose before you as a fairly perfect human shape. Fortunately I am not proud, just honest, and I want you to know me as I am.

I am now forty years of age, and hence at my best. I am a male, as you can readily determine by my appearance. A female skeleton is not as tall as I am. Then, too, her

*These impersonations by Prof. Pratt—fourteen in number—have been published in book form, neatly bound in cloth, and can be furnished by the editor of this Journal upon receipt of price, \$1.50.

head is smaller, her chest is narrower and, by the way, is apt to be pinched in its lower part, because, as you know, she usually dresses tighter around the waist than man does, and in that way spoils her form. Her practice in this respect is reprehensible, for aside from deforming her it interferes with her freedom of respiration, and so she does not live as long as I do. Of course, there are exceptions, but I am speaking on general principles. Her pelvis is broader and not so deep. This is no fault of hers, but is made so to adapt her for child-bearing, from which I am excused. Then, too, the surface of her bones is smooth, compared to mine. They look prettier, perhaps, but mine are stronger. The various protuberances and ridges which roughen my surface have been developed by muscular action, for I am the bread winner of the family, and my work is heavier than hers. Then, too, I am out of doors more than she is, and am naturally more vigorous. To be sure, she is built on the same general plan, but you can readily notice the points of difference between us as just mentioned if you ever chance to see us side by side, and thus have a fair opportunity to look us over and make comparisons.

You may think I am a little stiff and awkward in appearance, but that is because my good friend, the muscular man, has been taken away from me, and I cannot move. But I am not so stiff as I look. Instead of being just one queer shaped bone, as you might think, I am composed of two hundred and eight separate pieces, all jointed together, and so ingeniously placed as to constitute the human form which has the pleasure of addressing you on the present occasion. You may think that my head is solid, but it is not. It is merely a box for the brains which I used to have. They are all gone now, but you can see something of what I have been by what I am. My brain, you see, was so delicately constructed as to require complete protection at every point. Brain bruise is always such a serious matter that I was built

close in this way for its prevention. My chest walls used to contain the heart and lungs, which are also sensitive organs, but they required motion on my part as well as protection, and hence my ribs do not touch. My breastplate used to protect them in front, my dorsal vertebræ at the back, but my arms could guard against danger on my sides, so that I could have my ribs raised in breathing and at the same time afford a fair protection for the important organs which I once contained.

My chest used to have a floor, but it was merely a muscular structure that was removed with the rest of the muscular man, so that as I appear to you now you might wonder how my chest could hold anything at all with such a big hole in the bottom of it. At present I have no abdomen, but just the backbone which used to support one. You would scarcely be able to guess its normal dimensions by my present shape. But I can stand straight just the same, because my spine is left. The reason my hips flare so is because they have been pulled out by muscular movements. And it is a good thing that they are so, for while my true pelvis is more or less circular and complete, thus affording protection for the pelvic organs which it used to contain, the flaring of the upper part, or false pelvis as it is called, served very well to support much of the weight of the intestines which used to rest upon them. My legs and arms are nothing but levers, by means of which the muscles which were once attached to them could move me about at their pleasure.

If you wish to know how hard I am just feel of me and see. I was built in this way for practical purposes, for aside from furnishing substantial protection for the organs which my various cavities contained, I had to furnish leverage for the muscles whose office it was to move me about as they were directed. I am a strong character, for my office has been a hard one to fill, and a good deal has been expected of

me in the way of durability and firmness. I am indeed the physical embodiment of character, and I had to be strong to fulfill my destiny.

The teeth which my jaws contain are even harder than I am, but they do not belong to me, being constructed after the skin pattern. We are not in the same class. We are both of us hard, but I am bone, while they are nothing but skin appendages. They were left in my jaws simply because I clung to them closely when I was separated from the rest of my fellows. As a matter of pride, I am glad they were left, for my mouth is large enough as it is, and if these had been also taken away it would have added much to my disfigurement, for the sockets which contain them are ragged and unsightly after my teeth are gone.

My spine is made up of twenty-six pieces, placed one on top of the other, so as to give it the appearance of one continuous bone. Each of the bones has a perpendicular hole in it, so that when they are all placed in their proper relations my backbone is furnished with a canal which extends throughout its entire length, with the exception of the lower bone, called the coccyx. In many of the lower animals the tail which corresponds to my coccyx is also hollow. But this is unnecessary in my case, as when I am padded with the softer parts you would scarcely realize that I have a tail bone. The tail serves different purposes in different animals. As for myself, my coccyx is for the attachment of muscles whose office it is to close the floor of my pelvis. This coccyx or tail bone of mine does not seem at all necessary to my usefulness, and in reality I am a little ashamed of it, for comparative anatomists have taken advantage of the fact that I have such an appendage and make use of this as an argument that I came of lowly origin notwithstanding the fact that my aspirations are high. Then, too, this coccyx of mine is often the seat of pain, especially after it has been badly bruised, and is then sometimes removed and I seem to

get on just as well without it, and indeed better, for the suffering it caused me is usually at once stopped by its removal.

Please, ladies and gentlemen, do not imagine because I appear such a hard character that I am altogether stupid, inactive and insensible. My gentler brothers and myself are but individuals in a family banded together for a common purpose, each one of us having our peculiar duties. But we are so closely united as to be indispensable to each other, so that the joys and sorrows of any one of us are shared to a greater or less degree by all of us. Of course, every one has troubles of his own of a private nature, but at the same time we are each of us pretty well aware of what the other members of the family are experiencing. We are good friends, my brother forms and myself. We started life together; we lived together and came to an end at the same time; we ate and drank together, and waked and slept together, and worked and played together. We likewise have felt our sickness in common. We all had one common plan of growth, development, repair, decay and burial. We never disagreed with each other, for the brotherly love which bound us together was too deep for differences. Our purposes of life were all in common, and hence our universal aim was to be mutually self-sustaining, although each one played his own part individually.

If you will examine my surface carefully you will find that I am all full of small holes, so that you would have ample excuse for conceiving me to be pretty thoroughly worm eaten. But let me disabuse you of this idea at once, for it is through these small openings that the soft and delicate tendrils of my immediate associates have penetrated my structure in its every part, so as to really make me one of them. Arteries, veins, nerves, lymphatics areolar tissue, and in fact, all the members of my family, penetrated my tissues by way of my pores, so that I was closer entwined by them and

united with them than you might suppose if you had not carefully examined my minute anatomy. Of course, now that my family are all scattered, and I am practically dead, yielding up my structure by piecemeal as I am gradually disintegrated and dissolved into the elements out of which I was originally constructed, I am quite different from my normal, active self. If you saw or break any part of me in two I will not bleed, or suffer, or inflame, or in any manner attempt to repair the damage. But it was quite different when I was alive. An injury then would have made me sweat blood, suffer untold agony, and bestir myself to repair it as far as lay in my power, and in this work all my brothers would have helped me. Perhaps you fancy I was not alive, but if you do you are mistaken. During that time so long as I was in good health I never obtruded my self-consciousness upon the other members of the family to which I belonged. But when it came to sickness I always found I could do my full share in disturbing the harmony of the family. My ways were always a little slow, so that I never obtained my perfect manhood until I was nearly forty years old. But in sickness, as in development, I was always very persevering in my ways, and when I once started on a career of trouble I could hold out about as long, perhaps a little longer, than the others.

There is little in the line of disease that I could not get up if occasion required. If I was not properly fed I would get too soft, and in this way I could make the person whose shape depended more upon myself than I have the credit for, stoop-shouldered, or hunch-backed, or bow-legged, or knock-kneed, or in many other ways badly deformed, or I could go to the opposite extreme and become so brittle that my bones would break upon the slightest excuse, and if this happened, I could keep the whole body confined until I was all right again, for when I was off duty it was perfectly useless for the rest of the family to attempt to attend to their

regular business. I could get up ulcerations on my surface, - which were known as spots of caries, or one of my bones could die en masse, a condition known as necrosis. I could inflame and degenerate into abscesses just as well as anybody else. I was subject to cancer, and consumption, and syphilis, and rheumatism, and almost anything else that was liable to attack the other members of my family. Of course I was not so easily disturbed as the softer tissues, because my resistance was greater. I was a stronger character. But if I did contract disease I could make enough trouble to compensate fully for my slowness in succumbing to it. You see, although I was not easily roused, I had an exceedingly bad temper when I was, and the family usually had a lively time with me before I got quieted down.

The discovery of the X-ray has been much to my advantage for in substance I was so much denser than my fellows that they have not yet succeeded in making me transparent, and the shadows which I cast in a skiagraph disclosed my outlines perfectly, whereas there was not another one of the human shapes with which I was connected that enjoyed this distinction. When any of my bones were broken, or diseased, or out of place, surgeons were able to find it out much quicker and more surely than before, and consequently I was able to obtain more speedy relief than formerly.

I was just as proud as my brother tissues, for I was an indispensable member of the family, and what affected them affected me, and, on the other hand, whatever affected me I can tell you affected them also. In fact, when I was really in trouble and entered my complaints at headquarters, I always commanded a hearing, and very little other business could be attended to until my wrongs were righted.

In all probability, when you meet the other members of the family to which I belonged you will feel a deeper interest in what they have to say of themselves, than you do in my simple autobiography because they can talk faster than I can, and perhaps tell their story better. At the same time,

my own inner consciousness and self-respect compels me to insist, ladies and gentlemen, upon my full share of recognition when it comes to making up an invoice of the various bodily structures that enter into the composition of a human being. I was not dead in a living body, but as much alive as its other shapes. I own that I was not independent of my fellows, and honestly confess that I could not live without them, so that as you see me on the present occasion alone, stripped of my kindred, the pallor of death is upon me, and I am talking to you in the dumb language of mere appearances. What I am, therefore, is but a mute witness of what I have been, and to do me justice you will have to imagine me tingling with whatever sensations may have swept through the entire body, to think of me ruddy with its life currents, requiring constant nourishment for repair and funeral trains for my waste, as, like the other tissues, I have all my life been dying and repairing by piecemeal, and as the whole body has been healthy and happy, I, too, have enjoyed life and when it has been sick and sorrowing, I have likewise suffered.

I wish I knew the name of the writer who dedicated some verses to my memory and pinned them to one of my kind in the British Museum, for few writers, especially poets, have given me the prominence which my important office in the human economy has seemed to me to merit. But I appreciate the compliment of this meritorious composition so highly that I will close my remarks by quoting the verses:

TO A SKELETON.

Behold this ruin! 'Twas a skull,
Once of ethereal spirit full.
This narrow cell was Life's retreat,
This space was Thought's mysterious seat.
What beauteous visions filled this spot,
What dreams of pleasure long forgot?
Nor hope, nor joy, nor love, nor fear,
Have left one trace of record here.

Beneath this moldering canopy
Once shone the bright and busy eye;
But start not at the dismal void—
If social love that eye employed,
If with no lawless fire it gleamed,
But through the dews of kindness beamed,
That eye shall be forever bright
When stars and sun are sunk in night.

Within this hollow cavern hung
The ready, swift, and tuneful tongue;
If Falsehood's honey it disdained,
And when it could not praise was chained;
If bold in Virtue's cause it spoke,
Yet gentle concord never broke—
This silent tongue shall plead for thee
When time unveils eternity!

Say, did these fingers delve the mine?
Or with the envied rubies shine?
To hew the rock or wear a gem
Can little now avail to them.
But if the page of truth they sought,
Or comfort to the mourner brought,
These hands a richer meed shall claim
Than all that wait on Wealth and Fame.

Avail it whether bare or shod,
These feet the paths of duty trod?
If from the bowers of ease they fled,
To seek Affliction's humble shed;
If Grandeur's guilty bribe they spurned,
And home to Virtue's cot returned—
These feet with angel wings shall vie,
And tread the palace of the sky!

—*Anonymous.*

Thanking you, ladies and gentlemen, for your presence and kind attention, I will detain you no longer. I am but one of a number of human shapes that will claim your attention. These will present themselves to you in due order, and in closing I bespeak for my brothers as attentive consid-

eration as you have so kindly extended to me, and when the story of our entire family of human shapes is all told, you will find the separate descriptions but brief and inadequate chapters in the life story of the Composite Man.

The next speaker, whom I will now leave to introduce himself, as I have had the privilege of doing, will be the muscular man.

SOME IMPROVEMENTS IN THE METHOD OF LOCAL ANALGESIA.

(A clinical lecture with the above title, delivered at University College Hospital London, July 11th, 1903, by ARTHUR E. J. BARKER. F. R. C. S., Eng., appears in The Lancet for July 25th, 1903.)

Several points must be borne in mind, among them the mechanical and physical difficulties in infiltrating all the nerves supplying an extensive field of operation. To inject the whole area so as to reach all the nerves would mean in many cases the use of much more of the toxic drug than is necessary, and in some cases so much as to be dangerous.

The author refers to certain observations by Braun, of Leipsic, on a method of overcoming the drawbacks incident to the usual mode of producing local anesthesia. This method is based upon the old experience that *anything which retards or diminishes the circulation of the blood in a part enhances the potency of the analgesic agent*. Experiments were made with Adrenalin, a very small quantity of which was injected with B-eucaine (or cocaine) into the author's own arm, and subsequently into the arms of numerous patients. After the lapse of twenty minutes the part was quite blanched and wholly insensitive to pain, remaining so for about two hours. Adrenalin, alone, used in this way had no analgesic effect, while the results of the use of the combined solutions of B-eucaine and Adrenalin were far superior to those produced by B-eucaine alone.

The most convenient way to prepare the solution is as follows: Powders each containing 0.2 gramme (3 grains) of B-eucaine and 0.8 gramme (12 grains) of pure sodium chloride are kept in thick glazed paper, ready for use. When needed one powder is dissolved in 100 Cc. (3 1-2 fluid ounces) of boiling distilled water, and 1 Cc. of Parke, Davis & Co.'s Solution Adrenalin Chloride is added when the fluid is cool. The solution is left in the Jena glass beaker in which it has been boiled, which is carefully covered and placed in a vessel of warm water to keep it at blood heat.

The injection is made by means of a simple syringe of glass and metal of 10 Cc. capacity, with rubber washers, which can be sterilized by boiling.

To illustrate his method the author describes in detail the performance of an operation for the radical cure of inguinal hernia. The hernia is first reduced and the index finger is thrust into the external ring as far as possible. Along this finger the needle is entered and the inguinal canal is filled with 10 Cc. of the solution. An endeavor is made to inject it all around the neck of the sac so as to reach the genital branch of the genito-crural nerve. The needle is then entered at the external end of the line of incision in the skin, and is made to infiltrate the *superficial* layers of the latter down to the root of the scrotum, making the resulting wheal at least an inch longer at each end than the incision is to be. Injections are then made at a point half an inch to the inner side of the anterior superior spine of the ilium, the needle being thrust towards the ilio-inguinal nerve, and at a point about one inch above the middle of Poupart's ligament where the ilio-hypogastric nerve is most conveniently met. Then the thigh is flexed and another syringe is injected along the ramus of the pubis and the root of the scrotum or labium.

It is necessary to wait twenty minutes after the last injection for the full effect of the Adrenalin to develop. The whole field of operation should be blanched and insensitive to pricks but not to touch—analgesia, not anesthesia. The incision may then be made with confidence that no pain will be felt. The absence of oozing of blood is noticed. Only large vessels bleed at all.

Success depends upon a mastery of the principles, and practice in the details of the method. It is not enough to inject the fluid under the skin generally. Due regard must be had to the position and course of the nerves supplying the structures to be dealt with. The Adrenalin compound, by slowing the circulation through the part prevents the anesthetic agent from being rapidly washed away. The writer has used this method in thirty operations including the radical cure of hernia, strangulated hernia, orchidectomy, removal of varicose veins, psoas abscess, loose body in knee, tumor of neck (actinomycosis), colotomy, Thiersch skin grafting, and cystic adenoma of the thyroid.

For Epistaxis.

For severe nose-bleed Canada Medical Record says: that all that is necessary to control it is to fashion, with a pair of scissors, a dry plug of prepared sponge, in size and length comparable with the little finger of a twelve-year-old boy. This should be carefully soaked in boiled water, to free it from grit, squeezed dry, to free it from necessary fluid, and insert its full length gently along the floor of the bleeding nostril. No syringe is necessary. The expansive pressure of the soft sponge against the bleeding side, increased by the coagulation of a few drops of blood in its interstices, will check the bleeding at once. It should be removed in twelve hours; under no circumstances should it remain longer than twenty-four hours.—[Am. Jour. Surg. and Gyn.

The American Medical Journal.

MONT. M. HAMILIN, M. D. Editor and Proprietor.

Contributions, Books for Review, Exchanges and other communications should be addressed to The American Medical Journal, 2900 Lawton Avenue, St. Louis, Mo.

\$1.00 A YEAR IN ADVANCE.

SINGLE COPY, 10 CENTS.

EDITORIAL.

BUT ONE PROFESSION OF MEDICINE.

In a recent issue of the *Journal of the American Medical Association*, Dr. Dudley S. Reynolds, of Louisville, Ky., has a brief, pointed and very suggestive article under the above caption. He points to the fact that under the rigid requirements of the different state laws, all medical schools are compelled, without regard to secretarian names or proclivities, to teach the same anatomy, histology, physiology, pathology, toxicology, materia medica and therapeutics, not only without any pretense of difference excepting certain special features of materia medica and therapeutics, but for the most part using precisely the same text books.

Up to within a very short time, one of the most serious objections to the so called sectarian practitioners was the low standard of educational requirements in the schools from which they graduated. It really looks as though in the march of events that they have been saved in spite of themselves, and it may be safely said that on the score of fundamental training and education, they have been raised to a respectable standard.

What remains to distinguish them as something separate and apart from the general medical profession? Nothing but a tenacious adherence to peculiar therapeutic tenets which have been erected into a dogma serving as a founda-

tion of an esprit du corps, the perpetuation of which is made a matter of professional pride. As a matter of fact, it is nothing more than the worship of the tradition. Any member of the medical profession today is at perfect liberty to promulgate therapeutic theories of any sort which he can furnish arguments to support without censure, but, of course, not without scientific criticism.

As Dr. Reynolds truly says, "We are one profession by virtue of our community of interest, occupation and educational training. We are one profession by virtue of our lives of devotion to a common cause."

The time ought soon to come when sectarianism in medicine would be a thing of the past, and if the "hand-writing on the wall" can be correctly deciphered, that time is not now far distant.

G. W. M.

—*In Fort Wayne Medical Journal Magazine.*

Yes, but one profession. It is the same old story, Resolved that the people are *it*; Resolved 2nd, that *we* are the people. Well it does help a little to think that under our state laws the erstwhile puffed-up allopathic profession is required to and does recognize every man who registers in a state as his equal and a member of the "profession." But what about this "one of the most serious objections to the so-called sectarian practitioner was the low standard of educational requirements in the schools from which they graduated" We are sure this writer is not from Missouri else he would know that people would laugh at such extravagant remarks. What are the facts: some few years ago the Missouri State Board of Health made a little tour of the different colleges of the State with a view to ascertaining whether the law was being lived up to as it related to the "educational requirements." In one single allopathic college 97 (I believe this is the exact number; I write from memory) stu-

dents were found without the legal requirements and hence the college to retain recognition had to do some funny things. We could tell what it did but refrain for the present. In another allopathic college about half this number and in every allopathic college (about 7 in number) in the city some were found matriculated with too "low standard of educational requirements." While in the so-called sectarian schools the result was: In the only Eclectic college in the state—the American, the first school in the state to adopt the four years' course—not *one* was found without the legal educational requirements. Indeed, it would seem that this sectarian school had "been raised to a respectable standard." These are the facts, and G. W. M., if he desires to be "raised to a respectable standard," might with propriety add a postscript and say: Second edition of "But one Profession of Medicine," thoroughly revised and rewritten since "being shown" by a Missourian that instead of too low a standard of educational requirements these so-called sectarian schools were and the same are to-day the real leaders in advocating a higher standard. In other words, that the standard of educational requirements was so high in the sectarian schools a few years ago that more than a hundred boys in St. Louis alone could not matriculate in them and were driven to the Allopathic schools to get a diploma.

And postscript No. 2 might very correctly state that these state laws, instigated by these same allopaths with a view of ridding the state of these sectarians, has proven a veritable boomerang, as, contrary to their expectations, these sectarians could and did pass all their examinations without the least trouble, while his allopathic neighbor failed.

"It really looks as though in the march of events that" by the operation of these rigid state laws, at least a few of the so called Regular colleges have been "raised to a respectable standard," i. e., to a plane corresponding to the standards long since occupied by Eclectic and Homeopathic col-

leges. When *all* of these schools shall have been raised to this high standard, then, and not till then, are we ready to proclaim the millineum "But one Profession of Medicine."

HE WANTS TO SELL IT.

A few days ago we received a letter which started out like this: "Dear Sirs; Do you ever buy peoples boddies to decict? If you do I would like to make arrangements with you to sell you mine when I die."

He then goes on to state his case which is that he must raise \$25.00 and that he has no other security, he would therefore like to make a contract with the college to advance him the coin and he will either return the money with 25 per cent. interest or failing in this he will die and allow the college to realize on its security. He certainly has an eye to business if he is hard up. No, thanks, we are not looking for this kind of material—we are not dealing in futures.

MEDICAL EXAMINING BOARDS.

The State Board of Health of Missouri will meet Sept. 21st, 22nd and 23rd, 1903, at Kansas City, for the examination of candidates for certificates to practice in the state. The Board will meet in St. Louis, Oct. 5th and 6th, for the transaction of routine business. Persons wishing to obtain a State Board certificate will do well to make note of the above and govern themselves accordingly.

We are requested to announce that the Texas Eclectic Medical Examining Board will meet at Waco, Texas, Oct. 12th, 1903, the day before the State Association meeting. Headquarters at the Metropole Hotel and K. P. Hall.

For particulars address,

L. S. DOWNS, M. D., Secretary,
Galveston, Texas.

Prof. John L. Ingram, M. D., is enjoying a little vacation at Ocean Grove, New Jersey. Will be home September 2, 1903.

We were deeply grieved to learn through a letter from our friend, Dr. A. J. Widener, of the death of Dr. C. E. Pierce of Little Rock, Ark. We are promised a full report of the life and work of this grand and truly good man for our next issue.

We know of a splendid country location in Missouri, German community; thickly settled; practice of \$4000.00 per year, can collect 90 per cent. Is now held by an Eclectic who desires to move to city. Address,

DR. A. E. SNOW,
Campbellton, Mo.

Before another number of the Journal reaches its readers the American Medical College will have opened its 31st annual session. We look for a good class. We are daily in receipt of letters from former students declaring their intention of returning and bringing some one or more with them.

We regret that none of the papers read at our State Society could be published in the Journal, presume to say the secretary forgot to send them in. It has always been a pleasure to have these papers appear in the Journal. This has been the rule for thirty years but we now have a new secretary and we presume to say that he is not on to the rules. No fault of ours.

Dr. J. F. Hilburn, formerly of Annapolis, Mo., is now located at Clio, Ark., and is doing well. The Doctor orders

the Journal sent to him at this place, and this alone evidences the fact of the Doctor's prosperity.

Dr. W. E. Barnes, A. M. C., 1903, is now comfortably located at Kansas, Illinois. The Doctor was the valedictorian for his class and is one of the brightest young men that has ever gone out from the college. We wish the Doctor abundant success.

Dr. C. H. Jones, of Brunot, Mo., A. M. C., 1900, took a run up to the city last week to bring a patient to the Metropolitan Hospital. The Doctor was rejoicing over the arrival of a fine girl at his home; he says it has blue eyes and red hair and looks just like its mamma. Congratulations.

Dr. W. E. Smith, the wide-awake Eclectic of Catawissa, Mo., telephoned into the Metropolitan for a nurse last week. We have not as yet learned the sex but we congratulated the papa, allee samee.

At the Metropolitan Hospital we use asepsin soap. We have no pus cases as a result of perfect asepsis. See!

A Peculiar Proposition.

"A kiss is a peculiar proposition. Of no use to one, yet absolute bliss to two. The small boy gets it for nothing, the young man has to steal it, and the old man has to buy it. The baby's right, the lover's privilege, the hypocrite's mask. To a young girl, faith; to a married woman, hope; and to an old maid, charity."—[Nashville Banner.]

LITTLE ROCK, ARK., August 21, 1903.

EDITOR AMERICAN MEDICAL JOURNAL:

Dear Sir.—Please find inclosed a newspaper clipping which will convey to you the sad news of the death of our Dr. Pierce.

I am unable now to furnish you with a sketch of this good man but will try to send you one for the next issue of the Journal, October issue.

Yours truly,

A. J. WIDENER, M. D.

DR. C. E. PIERCE DIED SUDDENLY.

Death of North Side Physician Due to Heart Failure.

Dr. C. E. Pierce, one of the leading physicians on the North Side, died suddenly at his home, 701 Olive street, yesterday afternoon at 2 o'clock. Although he had not been feeling well for several days, he was able to be up, and yesterday morning was in his office, and also paid a visit to the South Side during the morning. He went home for dinner, and after the meal he complained that he did not feel well, and said he would lie down a while. Dr. E. Meek was sent for, but before he could reach the residence Dr. Pierce expired. Dr. Meek announced that the cause of death was heart failure.

Dr. Pierce had resided on the North Side since 1895, and had built up a good practice and enjoyed a splendid reputation. Before locating in this city he lived elsewhere in the state for about fifteen years. His wife and two children survive him. One brother, living in Toledo, Ohio, and sister, residing in California, also survive him. Dr. Pierce was a member of the I. O. O. F. and the I. O. R. M. He was prominent not only in his profession, but as a citizen as well.

The funeral will take place at 11 a. m. to-day from family residence.—[Arkansas Gazette, Aug. 20th, 1903.]

PUBLISHER'S DEPARTMENT.

THE psychological depressions and neuralgia, so common in the period following a debauch, are lessened, or disappear altogether, by the use of Celerina.

Sanmetto as a Genito-Urinary Tonic and Remedy.—I have prescribed Sanmetto in a number of cases of incontinence of urine, with gratifying results. I believe it to be a remedy par excellence in all cases of genito-urinary complaints. I have reason to believe that Sanmetto possesses aphrodisiac properties equaled by few remedies at our command.

G. C. SNYDER, M. D.

Moxahala, Ohio.

Menorrhagia.—Menorrhagia is frequently dependent upon a condition of subinvolution of the uterus, resulting later in endometritis and it is in these cases that the value of Hayden's Viburnum Compound is particularly recognized. Under its administration the uterine congestion is relieved, the relaxed tissues restored to a normal tone and the flooding promptly checked. This is accomplished without the unpleasant effects of ergot. If there is profuse hemorrhage from the uterus in consequence of the presence of tumors, such as polypi, fibroids, or malignant growth, the administration of Hayden's Viburnum Compound is indicated, in order to lessen the flow until such a time as the removal of the tumor can be accomplished. Aside from its hemostatic qualities this preparation furthermore relieves the accompanying pain and renders the patient more comfortable. During the climacteric patients often are troubled with flooding, and if this be not due to the presence of malignant or other diseases, which must be carefully sought for, it can be greatly relieved by the continued administration of Hayden's Viburnum Compound.

Germ Destroying and Nerve Soothing.—The following excerpt from an article in the "Virginia Medical Monthly," by Stephen J. Clark, M. D., 66 W. 10th Street, of this city, plainly outlines the useful combination of two leading remedies in the materia medica:

"Blinz claims specific antiseptic powers for quinine; other writers are in accord with him on this point, and report good results from large doses in septicaemia, pyaemia, puerperal fever and erysipelas. It is a germ destroyer of the bacilli of influenza (la grippe). Antikamnia and quinine tablets will promptly relieve in this disease. Quinine is a poison to the minute organism, sarcina; and antikamnia exerts a soothing, quieting effect on the nerve filaments. A full dose (two five-grain tablets) of this remedy will often arrest a commencing pneumonia or pleuritis. These tablets are also useful in the typho-malarial fever of the South—particularly for the hyperpyrexia—both quinine and antikamnia, as previously said, being decided fever reducers. They are likewise most valuable in cases of periodical attacks of headache of nondefined origin; of the so-called 'bilious attacks'; of dengue; in neuralgia of the trigemini; in that of 'ovarian catarrh'; and, in short they are effective in every case where quinine would ordinarily be prescribed and without the 'ringing' which generally accompanies the administration of quinine alone."—[New York Medical Journal.

THE AMERICAN MEDICAL JOURNAL.

Vol. XXXI.

OCTOBER, 1903.

No. 10.

ORIGINAL COMMUNICATIONS.

THE COMPOSITE MAN.

BY E. H. PRATT, M. D., LL. D.

IMPERSONATION No 2.*

THE MUSCULAR MAN.

LADIES AND GENTLEMEN:

I am the muscular man. My bony brother promised that I should tell you something of myself on the present occasion, and not to disappoint him, for we were always great chums, I shall do the best I can to entertain you for a little time, although I am ill conditioned for the effort.

The fact of the matter is, I feel greatly embarrassed. This is the first time I was ever separated from the brotherhood of human shapes like my own, which go to make up the composite structure known as the human being, and now that I am entirely alone I do not feel at all like myself I can assure you, and never before have I so completely realized my dependence upon my brothers.

I am naked, hollow, motionless, bloodless, nerveless and senseless. I feel completely subdued and humbled.

*These impersonations by Prof. Pratt—fourteen in number—have been published in book form, neatly bound in cloth, and can be furnished by the editor of this journal upon receipt of price, \$1.50.

My pride is all gone, for I am now as helpless as a child and withal utterly useless, except, perhaps, to point a moral ruinous to the spirit of vanity, pride and self-conceit. I find that instead of being a source of power, as I once supposed myself to be, I was merely its instrument of expression. You see in all our family matters I was personally responsible for every possible form of activity, internal and external, except that of chemical action, and it was quite natural that I should get an exaggerated idea of my own importance. I did all the walking, running, jumping, descending, climbing, all the bending, straightening, twisting, turning, all the laughing, sobbing, sneezing, coughing, swallowing, talking, all the beckoning, signaling, cutting, sewing, working, playing, all the breathing circulating and propelling, whether of solids, liquids or gases; indeed, all the supply trains and funeral trains of the organization of which I was a part, were run by myself: If an attitude was to be changed, I had to do the moving; if any type of bodily function was to be performed, I was called upon to accomplish it.

To perform all these varieties of uses in an orderly and systematic manner, I was constructed with two kinds of muscular fibers. One of these constituted the most of my bulk, and was of what is called the voluntary type. By means of these voluntary fibers I could race and wrestle with the rest of the world, or carry out in every possible manner the orders of the individual in whose service I was employed. My orders for action rested purely with the head of the family, and whatever I was bid by him to do I did my best to accomplish. I grew strong in my service, for exercise always increased my power, and I had enough of it, I assure you. I would start out early in the morning, as soon as the family was awake, and after performing the toilet of the body according to orders, would rush into the business of the day as energetically as I was bid. Sometimes I had an

easy time of it, but as a rule I was greatly overworked, and by bedtime, in spite of all that was done to strengthen and stimulate and care for me, I would become so fagged out that I could go no further, and as there was no one else to execute orders for physical activity except myself, I would put the whole family, myself included, to bed and refuse point blank all obedience to further orders until I had had a good night's rest. Much more than I could accomplish was always expected of me, but I tried to be patient with it all, and invariably did the best I could to render faithful service in everything that was demanded of me.

Whenever sickness prevailed of course I suffered with the other members of the household, and was excused from my customary occupation whatever it might be. At such times none of us could work, and we simply did as our circumstances and conditions would permit. Upon the ushering in of convalescence I was put to work again as usual, only we were all of us, I think, a little more careful after such an experience to avoid its repetition. In my younger days I was as ignorant and foolhardy as my kindred shapes, and was liable to go to extremes and strive on the slightest provocation to achieve the impossible. But bumps and bruises and failures and disappointments and disasters of all kinds soon outlined clearly enough what could be expected of me, and as time went on I was treated with more consideration. On the other hand, if there was any fun going on I was always in it, in fact was the prime mover, as without my service hilarity might be felt but could not get so far as physical expression. Smothered mirth is not very jolly anyway, and if I had no hand in it I knew what was going on all the time, and did not feel that I had lost anything by missing credit for it.

As for sickness, although the individuals of our family each had personal peculiarities, yet we sympathized with each other so thoroughly that it always became more or less

of a family affliction whenever it broke out. I do not feel like speaking for the entire family, but there were some kinds of sickness toward which I felt an especially strong personal aversion. For instance, there was rheumatism. It may not be considered very dangerous, but it is invariably distressing and annoying as well. When it was located in the joints of the bony man I had to keep just as quiet as I could, for every move that I made seemed to distress the whole family, and yet confinement was always weakening and wearing upon my nature. It was almost as bad when rheumatism selected my nervous brother for its victim, for although whatever action I might indulge in did not set up the general disturbance which was aroused when the same thing occurred in rheumatic affections of the joints, nevertheless if I was at all active the trouble got gradually worse, until at last I found that I must remain perfectly quiet until the disease was mastered. When the attack of rheumatism was directly personal, I was then as helpless as a child until the disease abated. At such times I enjoyed the full sympathy of all the members of the family, and nothing was expected of me until I fully recovered.

There were a few diseases in which I was called upon to do very painful service, for which I felt in no wise responsible, for personally I was all right, only as I suffered sympathetically. For instance, in epilepsy, tetanus, and sometimes as a result of some form of intestinal irritation or kidney disease, I was commanded to institute such violent and spasmodic contractions as to throw the whole body into strong convulsions, which were always agonizing, and dangerous. I was never my own master, however, and always did as I was bid. But sometimes my duties seemed almost suicidal. It was a great relief when such storms had passed, and I could be permitted to resume my customary equilibrium. I was always very sensitive to strains and bruises and toxins of all kinds, and I was also liable to cancer. But I am pleased

to tell you that I did not have consumption, although I was by no means exempt from such a possibility. A cold usually stiffened me, and I was always at my best when more or less heated up. Too protracted and violent exercise frequently made me cramp, and sometimes I could not stop it and my tendons had to be cut in order to restore the body to its normal shape.

The venous and arterial men had no more to do with me than was necessary for my personal well-being, except that in many places I afforded them protection from outside dangers. For instance, the great aorta passed between the crura of the diaphragm and the inferior vena cava pierced the diaphragm itself. But the fibers of this muscle were so arranged that in their time of contraction they would not compress either of these blood streams, but on the contrary permit them to be well opened so that their functions were not interfered with. By prolonged spasmodic contraction I frequently interfered seriously with the normal circulation of the blood, and in many places about the head and trunk, especially the spine, and in some places along the extremities, my relation with the blood stream was such that when I suffered, in any of these places undue and marked muscular contraction, the bodily commerce was so seriously interfered with that I was prone to cause diseases of various kinds, which were sure to last until my fibers, by the aid of electricity, manipulation, drugs, or some other efficient agent, were relieved of their contraction and restored to a normal condition.

This statement applies with equal force to the cerebro-spinal man. I had little to do with the two nervous men, the cerebro-spinal, and the sympathetic. The cerebro-spinal man mingled in my tissues as a rule simply enough to keep me in communication with the rest of the human being. The pneumogastric nerve, however, pierced my diaphragm. The spinal accessory nerve passed through my sterno-cleido-

mastoid muscle on either side, the entire lumbar plexus of nerves, which had so much to do with the pelvic walls and viscera, lay embedded in the meshes of my psoas magnus muscle on either side, and besides these conspicuous examples I was repeatedly pierced in different parts of my anatomy by multitudes of smaller nerve trunks of the cerebro-spinal man, to say nothing of the multitudes of large nerves which ran along in the grooves between, and in many cases beneath my muscles. Undue and prolonged contraction of my fibers at any point where it rendered nerve impingement possible worked untold mischief to the function of the nerves involved and gave rise to functional derangements and organic pathology to such a varied extent as to entirely deceive many an accomplished diagnostician as to the real cause of the disorder.

But perhaps I have said enough of my afflictions. I simply wish to call attention to the fact that whereas from my relationship with my fellows I was made to suffer more or less with whatever disorder they might, any or all of them, become afflicted, at the same time personal afflictions peculiarly my own might in turn work mischief to the rest of the family. Our family was always and at all times mutually dependent and considerate. We always found that brotherly love was best for us all, so we had our joys and sorrows in common.

It is not necessary for me to say anything in this connection of the sympathetic man or the other members of the brotherhood, as each of these shapes will speak for himself later on, and will amply supply any omission of importance which may characterize my remarks on the present occasion. Perhaps I ought to mention, however, that although the bony man and myself were especially good friends, not by any means belittling thereby my intimate relationship with the entire family of human shapes, there was one of my brothers who was more to me even than the bony man, and

that was the areolar or connective tissue man. In fact, so closely united were the areolar man and myself that although on the present occasion I am appearing before you as purely the muscular man, separated entirely from all my kindred, such in reality is not the exact state of the case. I could tear myself loose from the bony man, become disentangled from the arterial, venous, cerebro-spinal, sympathetic, lymphatic, and all other men except one. Do you know I had to coax the areolar man to stay by me, or I could not have preserved my present shape. The faithful fellow has hugged me like a brother from childhood up. He has enclosed my every fiber, indeed pierced my fibers and enwrapped my fibrillæ, and going yet further, has constructed for me my very cell walls, without which all my cell contents would be dissipated.

This areolar man has other duties to perform than that of sustaining and enveloping me, and in due time he will speak for himself, as the bony man has done and I am now doing. At the same time I thought it proper in this connection to at least mention my dearest physical brother upon whose faithful service and proximity my very shape depends. He's a jolly fellow, I can tell you, and if his native modesty does not prevent him doing himself justice, you are bound to like him when his turn to entertain arrives. The most of the bulk of this most perfect of human shapes, the areolar or connective tissue man, has been removed before I presented myself before you for your consideration. But enough of him still remains to enable me to preserve my identity and permit me the distinguishing feature of the manly form which alone entitles me to your audience. But I must not bring my remarks to a close without brief reference to those of my muscles which are constructed of what is known as the involuntary fibers, whose office, although less conspicuous than that of the voluntary muscles, is nevertheless of vital importance to the human structure.

My voluntary muscles, of which I have already said all that is necessary for the purposes of the present set of tissue biographies, may work a part of each twenty-four hours and sleep the rest, pursue occupations, assume relations and positions at the behests of the erratic and whimsical cerebro-spinal man, thus enabling an individual to entertain purposes and strive for their accomplishment, and then rest. But my involuntary muscles enjoyed the supreme distinction of actively executing the entire bodily commerce. Their action was rhythmic and perpetual throughout the life of the body, their only periods of rest being the short intervals of their diastole. Perhaps it never occurred to you that the entire bodily commerce was carried on by tubular action. If a drop of sweat appeared upon the surface of the skin it had been squeezed by muscular contraction out of a small tube. If a drop of oil anointed the surface of the body or the shaft of a hair, it had been milked to its destination by muscular contraction; if saliva reached the mouth, it had been conveyed there from the salivary glands by the action of the muscles; after food was once swallowed, if it passed along the œsophagus to the stomach and along down through the entire twenty-six feet of the intestinal track, its propulsion was accomplished by muscles; if peptic juice greeted it in the stomach and pancreatic juice and bile greeted it in the deodenum, and other digestive products anywhere along the track were mingled with it, these were all forwarded by muscular contraction; if urine trickled from the cortex through the pyramids and into the pelvis of the kidney, down the ureters into the bladder and out of the urethra at any time, it was made to do so by muscular action; if an ovum was hatched, propelled along the fallopian tube into the uterine cavity, impregnated, and after nine months of gestation, or at any time before, expelled from the body, this was all accomplished by muscular action; if semen was formed by the testicles, carried by way of the vas-deferens

into the prostatic inch, and was ejected by way of the urethra, all this was accomplished by muscular action; if mucus was poured out upon the surface of any membrane for purposes of lubrication, or from inflammatory action, this was accomplished by muscular action; if air, entering the nostrils and passing through the larynx into the trachea by the suction of inspiration, was carried on through the bronchial tubes into the bronchioles and thence into the air sacs, it was done by muscular activity; if blood was thrown by the left side of the heart into the aorta and thus through every branch of this great tree of life into the sea of the capillaries, and from these was again collected into the coalescing veins, to be returned to the right auricle of the heart, pouring thence into the right ventricle, from which it proceeded into the pulmonary artery and its branches to the capillaries of the lungs, where it was purified and then passed on into the pulmonary veins which emptied it into the left auricle of the heart, from which it was forced into the left ventricle, all this wonderful circulation of the molten individual was secured by muscular action; if the lymphatics collected waste material from the outskirts of the body and conveyed it into the venous circulation, it was accomplished by muscular action. In short, as asserted, all the bodily commerce except osmosis was accomplished by tubes, and all tubes secured their vermicular motion by the action of muscular fibers. These fibers, my friends, were of the involuntary type. They were non-striated and did not obey the commands of the cerebro-spinal man. The condition of my voluntary muscles could be told at any time by various methods of physical exploration. Their condition of contraction and relaxation, of atrophy and hypertrophy, of stiffness or suppleness, could in most cases be easily ascertained.

But my involuntary muscles were hidden deeply in the recesses of our human structure, and their condition could only be told by the varying degrees of energy with which

the functions depending upon the operation were performed.

I was proud of my voluntary muscles, for they made me conscious of my manhood, my freedom, my personal prowess. My involuntary muscles concerned me more from the mere fact that they were absolutely essential to my very existence, and indeed to that of the entire family. Perhaps my voluntary part was the bread-winner—but it was my involuntary part that got the meals and kept us all alive. All the supply trains for the growth and repair of bodily tissues, and all the funeral trains by which every type of physical debris was carried away, were managed by my involuntary muscles. Vermicular motion, or peristalsis, as it is otherwise called, is so noiseless and unobtrusive as to escape the attention and consideration which its importance demands at the hands of the medical profession. My voluntary part was moved perpetually by the cerebro-spinal system and acted upon the bones, using them as levers, a mere perfunctory service, by means of which I could adjust myself and family to other physical existences according to my orders. But when my involuntary part was set in motion it acted upon all tubular contents, which were sometimes solid, sometimes liquid, sometimes gaseous, and its rhythmic operations were essential to all bodily functions.

Now I beg of you, ladies and gentlemen, that so far as you are concerned you will see to it that my involuntary part is no longer neglected and that you will espouse its cause until its importance becomes universally recognized and appreciated. Artisans, athletes and physical laborers of all kinds will pay due consideration to my voluntary fibers, but it will take careful study and extensive education to win a proper respect for my involuntary part.

It strikes me that you deserve great credit for your attention, for my remarks to you must have been exceedingly tame, as it has been impossible for me to enliven you with any form of activity. My voluntary muscles have had noth-

ing to move, for the bony man has left me. They had no orders to move, for the cerebro-spinal man has also been disentangled from my meshes. They had no strength to move, for it is some time since the arterial man has furnished them with nourishment. (Of course you can see how unnaturally pale I am.) My involuntary part could not move, for all of the tubes about which it entwined itself are empty, and they were never taught to move except as their fibers were distended by excessive accumulations of some kind of contents or were irritated. Then, too, the sympathetic man is gone, and were my involuntary fibers never so distended they would merely gap in paralytic helplessness. You see, therefore, instead of being a power, as I once fancied, I served but as an instrument of an indwelling force, whose existence I ignored because it did not appeal to my consciousness.

Before closing my address I must tender to my tubular brother an apology for anticipating some of his remarks, as it seemed important to do so. But there is enough left unsaid by me for him to talk about and he is so good natured a fellow that I feel sure of his forgiveness before hearing from him.

Ladies and gentlemen, kindly permit me to introduce to you the arterial man, who will read you his own biography at your next meeting.

An Operation for Paronychia, or Runaround.

Sinclair Tousey describes his operation, which consists in separating the attachment of the cuticle to the dorsal or exposed surface of the nail to a sufficient extent to permit the escape of the pus and the introduction of a stick of nitrate of silver to disinfect the surplus. There is not a drop of blood drawn, and a rapid cure may be expected, most cases being entirely well in three days. Incision into the flesh is always radically wrong.—[Med. News, Med. Rec.]

STYLOSANTHES ELATIOR.

BY JOHN WILLIAM FYFE, M. D.

COMMON NAMES.—*Stylosanthes*, Pencil Flower, After-birth Weed.

NATURAL ORDER.—*Seguminosæ*.

PART USED.—The herb.

DESCRIPTION.—This low perennial plant is branched from the base and has a wiry stem. The leaves are primately three-foliate and strongly straight veined. Its flowers are small, on terminal heads or short spikes, and yellow in color.

DOSE.—Fluid extract, 10 to 20 drops.

USUAL DOSE.—15 drops three times a day. The fluid extract of this plant will not mix with water. The medicine should, therefore, be dropped in a little water when used.

INDICATIONS.—Great irritability of the uterus; continued severe neuralgia pain in the region of the uterus; frequent pain resembling labor pains previous to full term; abdominal pains during the last months of pregnancy; false labor pains.

This agent has been successfully employed as a means of relieving irritability of the uterus during the latter months of gestation. It quiets abdominal pains, and thus relieves the child-bearing woman of much suffering. It also gives tone to the uterine muscles, and in this way increases expulsive power and facilitates parturition. When administered in doses of ten or fifteen drops three times a day for three or four weeks previous to confinement it is said to render the first stage of labor much shorter and less painful.

Stylosanthes elatior is uterine sedative and tonic.

GRINDELIA SQUARROSA.

BY DR. J. A. BURNETT, BRAWLEY, ARK.

Grindelia Squarrosa—Ague Weed. Grows in California and it is claimed that it grows in Mexico and South America but I am unable to say whether it grows in the latter places or not.

Grindelia Squarrosa somewhat resembles **grindelia robusta** but it more closely resembles other species of **grindelia**, hence in gathering it requires one who is familiar with it in order that the genuine article is obtained.

When prescribing this remedy be sure your patient get the genuine **grindelia squarrosa**. Specify the Parke, Davis & Co.'s assayed or Sp. Tr. Lloyd Bros. **Grindelia Squarrosa** and you will get a reliable preparation.

Many druggists through ignorance claim that there is no difference in **grindelia squarrosa** and **grindelia robusta** and will fill prescriptions with either remedy when it specifies a certain one. Other druggists often substitute **grindelia robusta** for **grindelia squarrosa** because **grindelia squarrosa** is at present rarely kept in a drug store because it is rarely used on account of most physicians not knowing anything about its usefulness and when they do get a call for it wishing to fill the prescription "with something just as good" for themselves, knowing it is of no value to the patient or physician and in such instances not only is the patient disappointed, but the physician also, as well as his reputation is injured with the patient and his friends and the confidence in the drug lost all because of dealing with an ignorant or substituting druggist.

Grindelia squarrosa in large doses provokes intense pains in the joints, eyes, brain, liver and spleen with paraly-

sis of respiration and dyspnoea. It should be used with great care in large doses. The dose is given by some authors as much as two drachms of the fluid extract and it is claimed by some authors that it is a non-toxic agent.

In chronic malaria enlarged spleen and as a preventive of malaria, *grindelia squarrosa* is the most valuable remedy in the materia medica. It is also very useful in diseases resulting from the effects of fever, such as deranged or enlarged liver or spleen, intermittent fever, chronic rheumatism, nervous excitement, headache of malarial origin and as a tonic following malarious attacks.

Grindelia squarrosa will give good results in chronic intermittents when there is recurring chills with hypertrophic spleen, fullness of the stomach region, sallowness and inclining to cyanosis, stitch in the left side and pain at point of gastro-splenic junction.

Dr. Bundy's method of giving this remedy in chronic malaria was:

R $\bar{y}$ Fluid extract *grindelia squarrosa*, 3 drs.
Syrup acacia,
Aqua dest., a. a. 2 oz.

M. Sig. A teaspoonful four times a day.

He also gave tincture chloride of iron in the same number of doses. But for an iron preparation I would prefer Broadnax's Acid Iron Tonic which is made as follows:

R $\bar{y}$ Nitro-muriatic acid (full strength) 2 oz.
Sulphate of iron, 2 drs.

M. Let stand twenty-four hours to digest. Dose 8 to 10 drops in a glass of sweetened water three to six times a day.

Dr. Leister practiced twenty years in a malarial country and in the treatment of chronic chills, "ague cakes," etc., he reduced his remedies in number to about five: podophyllin, nux, euonymus, nitric acid and grindelia squarrosa. His method of using grindelia squarrosa was usually to combine it with the other indicated remedies. Thus if there was general tissue fullness the following was used.

R_y Fluid extract podophyllum, 2 1-2 dr.
Fluid extract grindelia squarrosa, 3 1-2 dr.
Spirits peppermint, 1-2 dr.
Svrup of orange or
Syrup acacia.
Aqua a. a. q. s. ad. 4 oz.

M. Sig. A teaspoonful four or five times a day. If the bowels become to free lessen the amount of podophyllum. In conditions markedly atonic nux was the partner; if a free tonic and antiperiodic euonymus was the associate, if blood depravation with sepsis; then nitric acid.

Don't forget the indications of grindelia squarrosa—pain in the region of the liver and spleen, puffness of tissue and soreness of the eyeballs and muscles, and pain in the left side.

Grindelia squarrosa is tonic, nervine, antiperiodic and anti-malarial. Dose, 5 to 30 drops.

On account of this remedy being of great value in malaria it should be closely studied by all physicians who practice in malarial districts.

Let all try this remedy and report results. No one will regret giving this remedy a trial.

THE GREAT SOUTHWEST.

EDITED BY W. L. LEISTER, M. D

Grindella Squarrosa in Intermittent Fever.

In looking through files of The Southwestern Progressive Medical Journal, which publication was merged in this present magazine in March, 1901, I find editorial on the use of the above named most valuable remedy. As we are in the season which gives "chills and fever," we have thought it not amiss to reproduce the study.

We have used *grindella squarrosa* extensively in the treatment of chronic intermittent and with almost uniform success. Given a case of recurring chills with hypertrophic spleen, fullness of stomach region, sallowness, inclining to cyanosis and *grindella squar.* will give satisfaction. A stitch in the left side—pain at point of gastro-splenic junction and the above named agent would be prescribed by the writer and in confidence. Of course one must not lose sight of other agents of known merit; such as those which influence the circulation—*veratrum*, *lobelia*, *rus tox.* Remedies which influence the digestive apparatus, the spinal and sympathetic nervous system—*podophyllin*, *nux*, alkaline salts, the acids, etc., but in some of these phases, especially the want of normal blood circulation the *grindelia* is an all sufficient.

The first twenty years of my practice was in the remarkably malarial region north of the Ohio, east of the Wabash and south of the White rivers in Indiana; directly upon the Patoka river—a tributary of the Wabash. Formerly, this region was noted for other products than "hoopoles and pumpkins," one of the chiefest being intermittent fever. That we have had sufficient schooling in the matter of study and treatment of chronic chills, "ague cake," and other concomitants which usually relate to the disease, is assumed. Finally our treatment was "whittled down" to about five

agents, podophyllin, nux, wahoo, nitric acid and grindelia squarrosa.

Some 30 years ago Dr. J. W. Pruitt of Russellville, Ark., called attention to the efficacy of Polymnia Uvedalia in the treatment of chronic intermittent. The Bearfoot was plentiful throughout the region in which I practiced at that time. The plant—the fat oily roots) was gathered in its season and used lavishly in form of alcoholic tincture, bruised and in whiskey, or made into ointment with adeps. Our observation taught us that the polymnia was good in painless hypertrophy, taken internally and applied locally, but further than that it will not reach.

In his Eclectic Medical practice, page 257, Prof. H. T. Webster cites to conclusions of Prof. Bundy upon the use of grindelia squarrosa which we quote: "What is necessary in this case is to remove the splenic hypertrophy, which is positively the perpetuating cause, in combination with malarial influences, if the patient lives in a malarious district. 'There is a baln in Gillead,' and when the profession has fritted away time enough in tinkering with routine and hackneyed treatment in unsuccessful attempts to cure chronic intermittents, it may see fit to resort to this remedy, and learn how to succeed in curing them.

'The drug is grindelia squarrosa. I have cured over seventy cases in the past four years, and I have yet to see the case it will not cure if properly given. That it may sometimes fail is entirely possible, as almost any remedy is liable to sometimes disappoint; but failure in my hands in curing chronic ague has never occurred with this remedy. Dr. Bundy's method of giving this agent was: Fl. ext. grindelia squarrosa (Parke, Davis & Co.'s) ℥iii, syr. acacia and aqua dest. aa. ℥ii. A teaspoonful four times daily. He gave tinct. ferri. chlor. in syrup the same number of doses daily.'

Our method of using grindelia squarrosa usually was to

combine it with the other indicated remedy. Thus, if there was general tissue fullness: $\mathcal{R}$ Fl. ext. podophyllum $\mathfrak{z}$ iiss, fl. ext. grindelia squarrosa $\mathfrak{z}$ iiss, spts. peppermint $\mathfrak{z}$ ss, syr. orange or acacia, aqua, aa. qs. ad. $\mathfrak{z}$ iv. A teaspoonful four or five times daily. If bowels become too free, lessen amount of podophyllum. If the condition was more markedly atonic, nux was a partner; if a free tonic and antiperiodic, euonymus was the associate; if blood depravation with sepsis, then nitric acid. Doctors who must practice in the bottom countries of Missouri, Arkansas and Texas this fall would do well to add grindelia squarrosa to their armamentarium.

A Dab at Our Solar Plexus.

The *New Idea* punches us one because we do not champion serum therapy. However, it generously concedes us the right not to indorse serum therapy, along with "the right to believe that the earth is flat, and General Jackson is still President of the United States." Although this is but a rear end collision, we give the *New Idea* credit for having in a spurt of speed, gotten momentarily that near our front.

Now, be it understood, we do not blame our allopathic friends for floundering in a mad search for something definite in therapeutics, and we are willing to grant that *succus equinus* is better than what preceded it in old-school therapeutics. We don't use it because *we don't need it*. We know a better way, and as long as we can show a clinical record two hundred per cent. better than our allopathic friends can in about all diseases, but particularly in the infectious diseases, there is no prospect of our becoming very enthusiastic serumists. To us, as to all normal people, there is something revolting in the idea of desecrating the sacredness of the human circulation by throwing into it the contaminated blood-basis of a lower animal. It looks to us like therapeutic savagery. When this must be supplement-

ed with the unnaturalness, disagreeableness and risks of persistent hypodermicisim, we cannot find it in our hearts to let ourselves down to this plane merely for the sake of getting into the "regular" swim. C.

—[In the Medical Gleaner for September.

In consequence of having been elected to the chair of Eye and Ear in American Medical College, my location in Rogers, Ark., is for sale.

A good strong man can do well here. Write for particulars to W. L. Leister, M. D., Rogers, Ark.

We read with interest what Dr. G. W. Johnson of San Antonio, Tex., contributed to September *Gleaner* on "Separate and Mixed Boards." We wish the good and conscientious doctor had written in our own organ for the southwest. A controversy being on relative to mixed and separate boards is our present excuse for dipping in our quill, and we shall direct our remarks to the lately enacted Arkansas law.

In the first place, by admitting four boards, one of which, or its votaries rather, do not prescribe drugs or resort in practice to agencies called medicines, a great injustice was done the other three who make intelligent use of pharmacals, medicines, etc. The man who taboos medicines was placed upon an equality with the physician and his school who studies nature's storehouse and who adopts the revelations of synthetical chemistry, not to include any contributions of bacteriologists. Besides, not a procedure in practice by any other kinds but what is utilized by one or all of the three dominant schools—allopathic, eclectic and homeopath, and has been for many years, yet no one thought of isolating such procedure to form a cult.

An instance came under the writer's eye which was as follows: A man was displaying a board from his front

porch, about one foot wide and ten feet long, upon which were the words—Magnetic Healer. When the Arkansas legislature had passed the three-board law this gentleman took down his sign and was "packing his traps" preparatory to striking for more inviting pastures green, when lo! the great salons of this state, who "wanted to do the fair thing" by everybody and to everybody, made and provided a fourth board. It would be a misnomer to call it a medical board. No sooner than that the news of it reached the ears of Mr. Magnetic Healer, he got busy unpacking and also engaged a sign painter, and a very few days later a 2 feet by 3 feet or larger, gilt lettered sign was "hung from the masthead" which read, together with the name in full—Doctor ————, Osteopathist. The change came with express train rapidity after an opening had been created. The man had not practiced osteopathy a day before the enabling act was passed, not if one might have judged from the first spoken 10 foot sign; yet he is now "recognized" as Dr. ————, and is practicing right and left, when chance presents.

Before the late enactment one obtained right to practice medicine by successfully passing county medical board in county in which he intended to practice.

Having been in practice in this state prior to lately enacted law, the physician was required to make sworn statement as to age, length of time in practice, when and where he obtained his degree if he have one, (not material), when and where he obtained his county license, etc., send the date to secretary of his respective state board whereupon he receive certificate to practice. An incoming practitioner must go before one state board—the allopathic, eclectic or homeopathic, as he may elect.

We favor decidedly the single state board for reasons: first, that it places all physicians on equality before the people. Before the law does not matter: the law may be weak. But before the people—the people are in matters

of justice and equity often above the existing statute. Second, one board is apt to delegate itself prestige and importance above a competing board and injustice finally result to—usually the numerically weaker one.

My third reason for thinking better of the single board plan is, that in states which have adopted it, few or no complaints come from Eclectics who have applied. The four years course, undeviating and unswerving, adopted several years ago by all Eclectic colleges, gave, and is giving, physicians and surgeons who for intellectual and technical accomplishments can not be surpassed.

It might have been necessary when we were weak, both in equipment and in numbers; but now, when we are strong and even set the pace in America for higher medical education, it is time we give over begging the question.

Admitting separate state boards we remark further that in Arkansas it was assumed that the governor might know better than the individual membership of either board who were best equipped to serve on said boards. Hence the law provides that each state society furnish a list of names—at least two names from each congressional district. From such list the governor appoints, whether or not the politician's cloven foot protruded just a little and beyond his robes of assumed disinterestedness and purity, deponent sayeth not; but if the law must stand in the main, we do hereby call upon our good friend and brother, Dr. T. J. Daniel, present member of the lower house and author of the act, to pull the lines on that element who ran off with his better intentions, for we are not ready to believe that the good doctor holds to the view that the governor who knows nothing of medical and surgical acquirements, ought to be delegated with right and power to select and appoint over the judgment of either state medical board. The first "say so" by the governor would better go at next general legislative conclave.

DIRECT MEDICATION.

BY GEO. C. PITZER, M. D.

The art of using drugs for the relief and cure of disease, furnishes us with a study at once interesting and pleasant, and yet onerous. Interesting, because the knowledge gained gives us satisfaction, and, if rightly applied, brings us reputation and profit. It is pleasant, because we succeed in giving relief to the suffering; onerous, because so much is embraced by the subject.

Before we can study drug-action successfully and satisfactorily, we must first know something about disease; and we cannot profitably study disease till we have learned the expressions of life in conditions of health; then, at a glance, we comprehend the magnitude of our subject. We realize that the foundation of all medical knowledge, of a practical character, rests in our familiarity with the construction of the human body in a state of health.

Conceding that we have a good knowledge of physiology, we then commence the study of pathology—the study of life as manifested by people suffering from disease. Having comparatively mastered this branch of our subject—by study and observation learned to distinguish between healthy and unhealthy manifestations—we commence the study of drugs. We first learn their physical properties; learn to know them when we see them; learn to distinguish one from another; learn to detect any imperfection or adulteration. This is no small part of our study; and, right here, permit us to urge the necessity of every physician dispensing all the drugs he prescribes. The moment we assume the responsibility of furnishing our patients with drugs, we begin to look about for the best and purest articles to be found. We select, examine, purchase, handle, prepare, mix, smell and taste, till we become thoroughly familiar with the properties of every-

thing employed. All this gives us great advantage. It insures our patients against danger of drug-clerk mistakes, and inspires them with confidence in what they are taking, and gives us to feel that our patients are surely taking exactly what we want them to have. Other things being equal, physicians who furnish and dispense all the drugs they prescribe, can always excel those who write prescriptions and depend upon drug-clerks for whatever they may know how to prepare. Then we insist upon it, that men who assume the responsibility of practicing medicine *shall learn drugs*; learn to know them by sight, taste and smell; and no better school can be found than the daily business of the family physician.

The Form of Drugs.—Drugs are kept in a crude state, in the shape of leaves, barks, roots, salts, etc.; or they may be prepared—made into fluid extracts, tinctures, infusions, elixirs, syrups, powders, saccharated extracts, pills, sugar pellets, ointments, etc. Under the head of each drug mentioned in this volume, the best form for use will be given, and in many cases the details of the preparation written out in full.

Drugs in a crude state are rarely prescribed now-a-days. Our pharmacists have succeeded in presenting them in such beautiful, palatable and acceptable form; that crude drugs are rarely equal to ready-prepared medicines. True, some drugs seem to give better results when used in a comparatively crude state, the process of preparation seeming to weaken or alter in some way their therapeutic properties. Where crude drugs are most appropriate we advise their use.

Of all the forms in use, the fluid extracts, common tinctures, green root tinctures, and specific tinctures are the most popular. In most cases fluid extracts are prepared from recently gathered but dried materials—leaves, barks, or roots,

as the case may be; and sixteen fluid ounces of the extract are meant to represent the therapeutic properties of one pound of the crude material. These fluid extracts, when well prepared, as we get them from reliable houses, are of uniform strength, and give good satisfaction. Common tinctures are of various strengths, and we have to refer to the dispensatories and pharmacopœias for their relative strength and dose. They are good preparations when carefully made, but inconvenient, because they are not uniform in strength.

Green root tinctures are confined to drugs that require to be made up or tintured while fresh. They are fine specimens of pharmaceutical skill, as we receive them, and always give good results when rightly applied.

Specific tinctures are uniform in strength, being about half as strong as fluid extracts. They may be made by adding two pints of dilute alcohol to a pound of crude material, allowing about fourteen days for maceration; then transfer to a percolator, and gradually add dilute alcohol till two pints of tincture are obtained. Finally, the tincture is filtered, and we have a fine preparation for general use. All the specific tinctures recommended and used are of the strength here indicated, and are prepared in a manner similar to that given. They have no particular advantage over good fluid extracts; are no better in any respect, and require to be given in larger doses. One advantage, however, the country physician can prepare them himself, while he cannot very well produce a reliable fluid extract.

Infusions are only resorted to in particular cases, when water, hot or cold, is found to extract the virtues of a drug better than any other solvent. Senna and dioscorea are good examples of this.

Elixirs are sweetened tinctures or solutions, and are nicely put up by our pharmacists, generally flavored or spiced, and sometimes colored in such a manner as to disguise and effectually conceal any disagreeable odor or taste

of the principal drug in the solution; and yet the virtues are in no way impaired. They are comparatively palatable, and very convenient forms for many drugs, such as eucalyptus, bromide of potassium, etc.

Syrups are frequently employed, but are not very good forms for the great majority of drugs, and are more liable to ferment and deteriorate than other forms.

Powders are very good forms for many drugs. Ipecac and podophyllin, well triturated with sugar of milk, one part of the drug to ten of sugar, give better satisfaction than can be obtained from these drugs in any other form. Some other drugs are equally well adapted to the powdered form.

Saccharated extracts, which are presented in a fine powdered form, are very convenient, uniform in strength, and as reliable in a therapeutic point of view, as any tincture or fluid extract, and have the advantage of being more portable. Their solubility in water is an important feature that every practitioner will appreciate, and nearly all of them are readily made into solution with pure water; and when a perfect solution is not obtained, the sugar of milk assists in suspending them in water. The dose of saccharated extracts is the same as the drug from which they are made. One grain of the saccharated extract represents one minim of a fluid extract of the same drug. These are fine preparations, and we know them to be reliable, and feel confident they will finally become very popular. They keep better than any other form.

Pills are very popular, and this form is better adapted to many drugs than any other. Phosphorus, nitrate of silver, copper, and many others might be mentioned as examples. And in many cases bitter and nauseous drugs, like quinine, may be given in pill form with good results, whereas the taste of the powders might provoke vomiting. Pills are so carefully prepared by our pharmacists, and nicely coated, that nobody, scarcely, objects to taking them. Of course,

where a very speedy effect is required, pills are not so appropriate as fluids or powders.

Sugar pellets, as prepared by homœopaths, may be used in some cases to good advantage. These pellets are made of pure sugar of milk, of different sizes, numbered according to the size. We use No. 30 and 40 for adults, and in most cases of children, but with very young infants a smaller size will be found better adapted. One ounce by measure of these pellets equals about one ounce by weight. To prepare them for administration we put one ounce of them into a two-ounce bottle; then, in another bottle, we mix five drops of any fluid extract or tincture with which we desire to medicate the pills, with forty-five drops of pure alcohol. We shake this well and pour it on the pills. This strong alcoholic solution will not dissolve the pellets, but is very readily absorbed by them. After shaking a few times they are ready for use, and may be given in doses of five, ten, or twenty every one, two, or six hours, as demanded. They may be swallowed, or allowed to dissolve on the tongue. This is a very convenient mode of dispensing, carrying and administering aconite, phosphorus, belladonna, nux vomica, and many of the potent drugs of the materia medica. No water, not a drop, should enter into the solution for medicating these pellets, for this would dissolve them.

Ointments have their place. They are almost wholly confined to surgical practice, but we may sometimes prepare an ointment by adding a drachm of quinine to an ounce of lard, and by applying this to the body of a patient get all the influence of quinine that we want. This is an admirable practice in many cases of children, where they refuse to swallow, or reject everything taken by the mouth.

Inhalations.—Some drugs may be administered to advantage by inhalation. Chloroform, aqua ammonia and nitrite of amyl are examples of this kind, and they will be referred to under the proper heading.

Injectiōns and other Methods of Rectal Medication.—When, for any cause, medicines cannot be given by the mouth, we may resort to injections or suppositories. Medicines injected into the rectum frequently meet every indication, affording speedy relief and hastening cures. Suppositories may be used instead of injections, and they are more convenient, especially when we use them in the form of capsules. Gelatine capsules may be filled with any drug indicated, and they are easily introduced into the rectum, and give the very best of satisfaction. In the absence of the gelatine capsules cocoa butter may be used for making suppositories, and with this the appropriate drug may be incorporated and properly shaped for introduction into the rectum.

Hypodermic Medication.—This is the quickest, and frequently the most effective method of reaching and impressing the system with drugs; but we cannot use *all* drugs in this manner. Only such as will not irritate and inflame the tissues they come in contact with can be used in this way. Fortunately, however, those seemingly the most necessary for use in this manner are the ones that excite the least irritation, such as morphine, atropine, apomorphia, etc.

Every physician should understand well the use of the hypodermic syringe; and he should know how to handle the drugs used with such marvelous success in this manner. And there is no excuse for ignorance in this regard, for the literature upon this subject is abundant, and the drugs in use by the hypodermic syringe are so nicely prepared in the shape of "compressed tablets," that but little trouble is experienced in handling them, and no danger in overdosing. We shall frequently recommend the use of drugs hypodermically, singly and in combination.

Drug Action.—Having referred in a brief manner to the forms of drugs, their action next engages our attention. That certain results follow the administration of drugs every-

body knows. That ipecac will provoke emesis, castor oil produce catharsis, opium narcotise, alcohol intoxicate, and capsicum stimulate, all will at once admit. But exactly how these results are brought about by these drugs is not so well settled. And it frequently happens that the most prominent and violent action of a drug is not its most valuable action in a curative or therapeutic point of view. In olden times drugs were tested with a view to their general and more prominent effects, little regard being paid to how they acted, or what peculiar influence they might have on particular parts, regardless of their gross effects. Of late, however, drugs have been more carefully tested; and it has been found that certain drugs always influence particular organs or tissues in a particular manner—excite, soothe, stimulate, depress, improve nutrition, increase waste, or change the action in some way. Now, as we learn the effects of drugs, upon the principles above alluded to, we can very readily adapt a drug to a condition when we find it. For example: We find that digitalis is a drug that when given in very large doses has a tendency to paralyze the heart and endanger the life of the patient. But when given in small doses, frequently repeated, lasting tonic effects are secured, while the depressant properties, which amount to nothing in small doses, and are quite evanescent, are not observed at all. While digitalis in large doses might kill a patient suffering from any disease competent to weaken the heart and give a frequent feeble pulse, small doses of digitalis would give strength to this heart, and under its influence the pulse would grow stronger, fuller and slower. This we call the direct application of a drug to an actual condition.

Another example: *Apocynum cannabinum*, when given in large doses, produces nausea, vomiting, profuse catharsis, and general exhaustion. This is the general effect of this drug, and for years nothing more was known about it. But when we come to study *apocynum* carefully, we

find that it has a peculiar action on the system very unlike this. When given in small doses, just short of catharsis, the flow of urine is increased, nutrition is improved all over the body, and if dropsical effusions are present they are speedily carried away by absorption, the capillary circulation growing active under the influence of the apocynum. It will be seen that this drug actually excites or stimulates the vaso-motor nerves, improves the capillary circulation, and in this way effete and foreign materials are removed from the system under its influence, and that, too, in such a silent manner that no inconvenience is suffered. But apocynum will be thoroughly studied and faithfully presented in another chapter. Our reference to it here is only for the purpose of showing what we mean by direct medication; that we mean the application of drugs to special conditions, and upon this principle we propose to show as clearly as possible the direct action of the leading drugs in our materia medica.

The Combination of Drugs.—While it is true that all drugs increase or diminish the functional activity of certain organs of the body, it is also true that these same drugs influence other organs of the body at the same time, but in a less degree. If single drugs produced single effects, and single conditions only were observed, then we might talk about confining ourselves to single remedies; but while we find complicated conditions, calling for drugs of different therapeutic properties, we can see no impropriety in giving different drugs in combination, especially when we know they are chemically compatible. While we detest the careless compounding and mixing of a dozen or more drugs in a single prescription, we know that remedies may be well ap-

plied in combination in many cases, and that the results of such practice are entirely satisfactory. Appropriate combinations will be suggested throughout these papers.

SPECIAL REMEDIES AND THEIR DIRECT APPLICATION.

Aconite.—The fluid extract, specific tincture and saccharated extract, are the appropriate forms for use. They should be prepared from aconite root. Any one of these forms may be substituted for the other in any case. For administration: *R*. Fluid extract aconite root, gtt. viii to xxx; water, ℥jv. *M. S.* One teaspoonful every one, two or three hours, according to the requirements. Or, *R*. Specific tincture of aconite root, gtt. xv to xl; water, ℥jv. *M. S.* Use the same as the solution of fluid extract. Or, *R*. Saccharated extract of aconite root, grs. viii to xxx; water, ℥jv. *M. S.* Teaspoonful, as required, every one, two or three hours. For children, one or two years of age, one to two drops of the fluids, or one or two grains of the saccharated extract to four ounces of water, and a teaspoonful every one, two or three hours.

Aconite impresses the system very soon after it is taken. Large doses are apt to provoke emesis, though they may not. A peculiar tingling sensation in the tongue, lips and extremities, is noticed in a few minutes. The pulse becomes slow and small, and if the dose has been very large, the pulse finally fails at the wrist; the hands, feet, tongue and whole surface of the body grow cold, eyesight dim, diminished sensibility generally, respiration slow and labored; and a profuse cold perspiration covers the body. The body temperature is reduced from one to three degrees; the flow of urine is increased, and the bowels are relaxed.

From all this we learn that aconite is a powerful sedative, a depressant; and we find, by using it as a medicine, that we are not mistaken in its effects. It is one of the most powerful antagonistics of febrile movement of a sthenic character; that is, where we have a patient suffering from a high grade of fever, the pulse full and strong, skin hot and dry, arterial tension high, respiration frequent, the patient nervous and restless, aconite is the remedy. Under its influence, in medicinal doses, the pulse grows slower, respiration easier, skin moist, urine freer, nerves quiet, and everything more favorable. No matter what may be the particular disease upon which these conditions depend, when we have them as above described, aconite is a remedy. In some cases we may combine gelsemium, while in others veratrum does better. Aconite is specially beneficial in all high grades of fever associated with local inflammation. It soothes, relaxes, relieves and moderates febrile action and inflammation more certainly than any known remedy. It is found useful in nearly all cases of eruptive fevers, especially at the onset; but as the fever declines and the pulse grows slow and feeble, aconite is no longer useful. Aconite is not a remedy when the pulse is slow and feeble. Neither will it better the condition of a patient when the pulse is frequent and feeble, the heart and arteries being weakened by disease.

Aconite is prompt in the relief of tonsillitis or quinsy. We apply a drop or two directly to the inflamed tonsil. A camel-hair pencil may be used for this purpose, and an application may be made every hour or two.

To control catarrhal inflammation of the nasal passages and larynx nothing equals aconite. For croup, especially

catarrhal croup, it is the most reliable remedy we can employ. Combined with asclepias it is the most appropriate drug we can use in pleuritis; and in the first stages of pneumonia, in combination with veratrum, we rely upon it to moderate febrile movement and limit the congestion and inflammation. In pleurisy: *R.* Fluid ext. aconite root, gtt. xx; fluid ext. asclepias, $\mathfrak{z}$ j; water, $\mathfrak{z}$ jv. *M. S.* One teaspoonful every hour till the effects of the aconite are manifested, or the pain relieved. In pneumonia: *R.* Fluid ext. aconite root, gtt. xx; Norwood's tinct. veratrum, gtt. xx; water, $\mathfrak{z}$ jv. *M. S.* One teaspoonful every one or two hours, as required to control the pulse and moderate the febrile movement.

Inflammatory rheumatism is very much relieved by the internal and local use of aconite. For internal use, where the fever runs high: *R.* Fluid ext. aconite, gtt. xxx; fluid ext. macrotys, $\mathfrak{z}$ jv; water, $\mathfrak{z}$ jv. *M. S.* One teaspoonful every hour. Or, *R.* Saccharated ext. of aconite root, grs. xxx; fluid ext. of conium, $\mathfrak{z}$ j; water, $\mathfrak{z}$ jv. *M. S.* One teaspoonful every two hours. Or, *R.* Specific tinct. of aconite root, grs. xxx; wine of colchicum; $\mathfrak{z}$ j; water, $\mathfrak{z}$ jv. *M. S.* One teaspoonful every two hours. For external use: *R.* Fluid ext. of aconite root, $\mathfrak{z}$ j; chloral hydrate, $\mathfrak{z}$ j; glycerine, water, aa. $\mathfrak{z}$ jss. *M. S.* Apply to the inflamed and painful parts freely two or three times daily.

Finally, aconite is the principal remedy in the many cases of infantile remittents, and irritative fevers, so prevalent among children in the country. It is frequently the only remedy we employ in such cases. In cases of very young children we especially give it in the shape of pellets.

—[AMERICAN MEDICAL JOURNAL, Dec., 1881.]

NOTES ON THE INTRODUCTORY LECTURE ON PHYSIOLOGY.

BY J. L. INGRAM, M. D.

(Taken by a student.)

Ladies and Gentlemen:

The question of success in any of the arts, is most of all dependent upon a proper conception of its underlying basic principles.

The artist studies form and color in the great art school of nature, and then it is that he can make the canvas live, and declare to the world the fact, that in his own soul has been truly mirrored, the wondrous tints, colors and contour of a matchless masterpiece of the Creator.

The mechanician acquaints himself first with the qualities of the various materials utilized in the prosecution of his vocation, thus he is enabled to single out those that will best serve the purpose intended.

Thus it is in every avenue of activity, the greatest minds are those that most nearly grasp the ideas as illustrated by nature in her great demonstration of utility which we call life, in its wonderfully divergent and yet perfectly harmonious working out of the great universal plan.

The Navigator studies the landmarks terrestrial and celestial, and is able to find his way to every clime by giving heed to the basic principles of his art.

No where is this more strikingly true than in the science of medicine. The laws and methods of nature are the great and only reliable means of determining the character and aiding the alleviation and cure of disease. Therefore the nearer the student of medicine can get to nature, the better will he or she be prepared to learn from her, the greatest teacher of all.

If there is one thing more noticeable than another in the

methods by which the natural processes are brought about, it is the utilitarianism and withal the beautiful simplicity of the means by which they are caused to take place. To illustrate, nature found that in the animal body on account of its activities there would accumulate a poisonous gas $C. O_2$ which it retained, would soon destroy the life. Now witness the utilitarian simplicity of nature, she simply makes the poisonous gas the stimulant to call into action the respiratory functions, thus the irritant is the cause of its own elimination, this is alike true of nearly all the great functions of the animal body.

Again, nature's methods of construction of the animal body have not met with the attention that the importance of the subject should warrant. We endeavor to understand the functions of the great complex tissues and organs of the human body without first getting acquainted with their component parts; this is not rational, for those marvelous qualities which baffle investigation and are found inherent in some of the elementary constituents of the body, can be best explained by a proper understanding of the functions and powers of the minute and in some instances microscopic entities whose aggregation form the sum total not only of the material parts of the tissues, but to a great extent reveal the secret of their otherwise inexplicable possibilities.

For this reason therefore it is that we invariably begin our course of lectures on Physiology by a detailed consideration of the seemingly little and unimportant Proximate Principles, the ultimate substances into which the body may be divided, the materials which the tissues select from the blood and which confer upon the organs their own qualities.

A true knowledge of Physiology is the only reliable foundation for the intelligent and successful practice of medicine, therefore we propose to be thorough in the laying of that foundation, that the superstructure may be both permanent and symmetrical, beautified with the great truths as

they have been hewn out of nature's quarries by the master minds, with the indomitable hammers and chisels, experiment and investigation.

Physiology is to the layman the science of life, explaining its phenomena as far as that is possible. To the physician it is the science of life in health as contrasted with pathology, the science of life in disease. But it is our desire to carry the distinction a little further and our definition of physiology will be this, true Physiological knowledge gives to the physician a point of departure from which he may take his bearings in formulating his diagnosis, prognosis, and treatment. Thus we have an explanation eminently practical, it means that the doctor takes this Ideal with him into the sick room, and as it were at a glance compares the patient with the physiological conditions, and in this way he determines as to whether the case is one of anatomical change, exaggeration or depression of functions. But practical physiological knowledge is not only useful to solve such general questions as this, but enters into and elucidates the minutest detail of the perplexing problems which confront the physician.

It is Physiological Chemistry that determines the normal composition of the tissues and organs of the body thus it adds to the armamentarium of the practitioner those substances which not only stimulate, but actually reconstruct permanently the debilitated and wasted tissue, and because of the truth of this you should always bear in mind that it is food and not medicine which permanently benefits the patient.

In the light of the foregoing how essential it is that the doctor should be perfectly conversant with the ultimate component parts of the normal body, namely the Proximate Principles.

A Proximate Principle is a substance found normally in the animal body, which plays some part in the life thereof,

and which is closely allied to and interchangeable with a similar substance found outside of the animal body. This definition covers every substance found in the normal body, solid, liquid and gaseous. It is upon the fact that these substances are capable of interchange with similar substances outside the organism that the nutrition of the body is possible, for the body is built up out of these minute principles each having its own affinity for some particular part or organ. But the practitioner must of necessity use medicines at times for their dynamic effect, or antiseptic properties. Then comes up the question of diagnosis which simply means the determining as to what organ or tissue has departed from the normal state, in which direction has it strayed and how far. It will be seen at once that this can only be decided correctly by one who is familiar with the ideal physiological state, for it is the province of physiology to teach that which is contributed to the sum total of the life of the patient by each and every organ of the body, and knowing these details the loss or perversion of any organ or function will be readily detected. This will prevent false diagnosis and disastrous treatment and prognosis.

There is no excuse for such treatment and prognosis as I have recently witnessed in this city, when a young man suffering from aortic stenosis, pulse 140, respiration 35, temperature 101, was treated with electricity, galvanic current, and told that he would be better in a few days, when the facts in the case showed that he was dying at the time, and in fact he expired the same day on which the above diagnosis was announced.

The want of physiological knowledge manifests itself in that case most prominently on account of the fact that it led to a wrong method of treatment, for Galvanism is always contraindicated in such cases. It further caused great inconvenience and pecuniary loss which would have been impossible if the physician in charge had been alive to the

gravity of the case and rendered a prognosis according to the facts, but wanting these, the patient died intestate and the family was put to no end of trouble and litigation, which should have been avoided.

It is a good principle to follow, to never use any drug or other means of cure with the physiological effect of which you are not perfectly familiar.

The question of prognosis depends mostly upon the fact as to whether the parts involved are essential to life or not, and the extent to which they have departed from the normal condition and the possibility of sustaining the life of the patient while the weakened parts recuperate. This last truth is the leading feature in the safest method of treating typhoid and other depressing maladies.

As to the reinvigoration of debilitated parts of the body, there is no more striking example of its possibility than that furnished by the Physiologist Goltz, who treated hyperplasia of the spleen with the Galvanic current and caused all of the symptoms of the blood impoverishment known as Leucocvthemia to disappear, this came to pass because the electric current caused the spleen to return to its normal size and perform its normal function of blood elaboration, and just as soon as the spleen was able to manufacture blood corpuscles and assimilate albumen, the anemia and debility disappeared, and this took place by simply passing the galvanic current through the hyperplasic gland and restoring it to its normal size and nutrition, without the administration of any medicine whatever, so it is that physiological knowledge leads to the adoption of the best method of treatment. These are only a few facts that go to illustrate the necessity of a good knowledge of physiology in the every day life of a physician.

DEATH OF PROF. LOCKE.

Died at Newport, Ky., Friday, September 11th, 1903, Prof. F. J. Locke, M. D., aged 74 years.

Frederick John Locke, M. D., Dean of the Faculty of the Eclectic Medical Institute, was born in the city of London, England, on the 7th of December, 1829. He was educated at Christ's College, Newgate street, in the same city, and read medicine with Dr. Edwards, Blackfriar's Road, London. He emigrated to America at the age of 17, and supported himself for a while by working at house plastering, a trade he had learned as a boy. In 1848, during the gold fever in California, he and 33 others started for that country. Reaching Salt Lake City, 29 of the company died of Asiatic cholera. Dr. Locke and his three surviving companions escaped the scourge and returned to Newport. At the breaking out of the civil war in this country he was practicing medicine in Waverly, Pike county, O. He entered the service August, 1861, as captain of company D, Thirty-third Ohio Volunteer Infantry, was promoted to major March 23, 1862, and to lieutenant-colonel July 16th in the same year. With his regiment he participated in the battles of Perryville and Chicamauga.

In 1864 he graduated at the Eclectic Medical Institute, Cincinnati. He has practiced medicine in Newport, Ky., since 1864, having one of the largest and best practices in the State of Kentucky. For six years he was City Physician of Newport, having charge of the City Hospital, jail, and all outdoor poor. In 1871 he was appointed Professor of Materia Medica and Therapeutics in the Eclectic Medical Institute, which chair he held with great credit to himself and his important branch of Materia Medica and Therapeutics, until his death. His lectures have been collated and added to by Prof. H. W. Felter, and published as "Locke's Syllabus of Materia Medica and Therapeutics." He was an ac-

tive member of the Cincinnati, Kentucky, Ohio, and National Eclectic Medical Associations. He had resided in Newport, Ky., since about 1864 and was recognized as one of her foremost citizens and physicians. Dr. Locke married, first, Miss Sarah Jane Glover, of Portsmouth, Ohio, by whom he had nine children; his second wife was Miss Anna Grant, of Maysville, Ky., by whom he had one child; his last wife was Miss Elizabeth Grant, also of Maysville and a sister of his second wife.

As a teacher of materia medica and therapeutics few men have served so long and acceptably as had Prof. Locke. Dr. Locke was a perfect type of the Kentucky gentleman, and an orator of uncommon ability. The students and graduates revered him as a father. Since the death of Professor Scudder in 1894, he has been Dean of the Faculty.

Dr. Locke's funeral, which was held Sunday, September 13, was largely attended by many prominent physicians from Ohio, Indiana, and Kentucky, attesting the great veneration in which he was held by those who had set under him as a teacher. Among other tributes of respect the Campbell County Medical Society, composed of Regular and Homeopathic physicians, met and passed resolutions, and appointed a delegation to attend the obsequies. No teacher ever loved his college better than Dr. Locke, and none will be more missed from its halls than he.

H. W. F.

At Deer Park, six miles south of Columbia and eight or more miles from any other town, is a beautiful and well settled farming community, inhabited by well-to-do farmers, is a good location for some good young Eclectic who is made of the right kind of stuff.

The town consists of a post-office, two or three stores, two or three blacksmith shops, one Presbyterian church and one Christian church. The field has been occupied for sev-

eral years by our good friend and pioneer Eclectic, Dr. Chambers, who will leave the field the first of next February because of old age. Eclecticism has many friends here who must not be lost. The field is a good one and will be occupied by somebody before the old doctor leaves. He would take pleasure in introducing a young Eclectic; while I am close enough and would take pleasure in helping him over the rough places.

Address J. A. MILLER,
Columbia, Mo.

SOCIETY NEWS.

Ere this journal goes to press the Eclectics of the State of Missouri will have received a pamphlet containing first; the officers of our state association; next a list of members of said association and lastly a list of the Eclectics in the state who are not members of their association. It is our desire that you who are members, will look over the list of those who are not and if you find any of your friends among them write urging them to become members. It is just and right that you assume a part of the responsibility for the upbuilding of our cause and not throw the burden upon the officers. It is only by improving our association and increasing its membership that we can progress in this state. The opportunity is presented to us now to make our state society one of the largest and most flourishing of any. Will we grasp it? Next June the National will meet with us at St. Louis during the World's Fair and to make our meeting a grand success let us begin recruiting at once. We hope that each one of you who reads this will appropriate it to himself to go to work.

H.

The American Medical Journal.

MONT. M. HAMLIN, M. D. Editor and Proprietor.

Contributions, Books for Review, Exchanges and other communications should be addressed to The American Medical Journal, 2900 Lawton Avenue, St. Louis, Mo.

\$1.00 A YEAR IN ADVANCE.

SINGLE COPY, 10 CENTS.

EDITORIAL.

THE ANNUAL REPORT OF THE SAN FRANCISCO BOARD OF HEALTH AND MORE PLAGUE.

The annual report of the Board of Health of the City and County of San Francisco, which appears elsewhere in this issue, has once more been denied publication through the regular channels by his Honor, E. E. Schmitz, Mayor. The document fully and caustically presents the reasons for this action on the part of the local Chief Executive, who has taken unto himself the privilege of complying with only those obligations of his office that suit his desires. This suppression of the "Monthly Bulletin" is justly censured by the following resolution: "Resolved that this Board [of Health] condemns the action of the Mayor as unwise, inexcusable and dangerous to the interests of this city, and now declares that upon him must fall the responsibility for the consequences which his act may have in arousing the prejudice and incurring the ill-will of sanitary officers of Eastern States, who are thus refused information, which they constantly demanded and to which they are entitled; be it further resolved that copies be transmitted to his Honor, the Mayor, the State Board of Health, the Public Health and Marine Hospital Service, and the Governor, George C. Pardee." The severest and most appropriate comment, that

can be made to this idiotic act of the Mayor, is the continued recurrence of cases in our city and state. Within sixty days three white persons have paid the penalty of the foolish attitude of our press and certain officials. It may be well and wise for commercial interests to urge that these cases are sporadic and mean nothing. The history of the epidemics of the world stands boldly out in defiance of the wilful and studied indifference of our people, for commercial gain. Mayor Schmitz no doubt believes that no great number of cases will arouse the community during his term of office, and that he can hold the ear of the public by lying publicly and admitting the truth only when forced by circumstances. It is apparent that when one becomes so devoid of moral responsibility he forfeits all claim even to adverse criticism. His responsibility, however, does not end with the tenure of an office he has disgraced and abused, but woe to him and his cohorts if this scourge shall ever fall heavily upon our city and state. The "Bulletin" of the State Board of Health for August, 1903, through the efficient Secretary, N. K. Forter for the first time since the disease was discovered published a list of cases. Since our last issue the following deaths have occurred: 98. Gee Jim died July 29 at 722 Jackson Street, found dead, autopsy, bubonic plague. 99. Charles Bock, German, lived at Pacheco, Cal., came to a prominent hospital in San Francisco where he died two hours after admission. Diagnosis of bubonic plague made before death. 100. Wo Cong Chong found dead August 22, at 735 Commercial St., bubonic plague.—[Occidental Medical Times, Sept., 1903.

The *Occidental* is published at San Francisco, California. It is edited by Dr. Jas. H. Parkinson, Sacramento, and Dr. Louis A. Kengla, San Francisco.

There is nothing about the above to indicate who wrote the article, and it is none of our concern who wrote it, but

we just simply rise to remark that this is pretty strong language and leads one to believe that there is and has been something radically wrong somewhere in the neighborhood of San Francisco. There has been something wrong in that locality for several years. We remember some years ago it was rumored that the Bubonic Plague existed there but the authorities persistently denied it, and if our memory is not at fault the state and city Boards of Health joined in this denial. The *Occidental* seems to imply that for commercial reasons the fact that the plague existed was suppressed and that the mayor, for commercial reasons, is using his official power to continue the suppression of the truth. Reprehensible as is the practice of this official of this great city, we are inclined to ask in what particular respect does it differ from the general trend of the present day. Do not other large cities do the same thing? The commercial interests, especially if the officials have a financial interest in the community, stand first in importance, and of right should do so. What do the officials of our large commercial centers know about contagious diseases or how to control them—or what notice do they take of such things only as it assumes such proportions as to affect the commercial interests. It is the duty of the medical profession, and not of the town official, to look after the health of the community. If the business man or the public press announce the existence of a deadly contagious disease in the city business comes to a standstill sooner or later. The physician does not like to have the fact made public any more than does the business man; the two work hand-in-hand, each in his own sphere. And we presume to say that both the city officials and the physicians of San Francisco are doing what they can to suppress the disease as well as the knowledge of its existence in the city. If they are, and the editor of the *Times* should know whether they are, then it seems to us that such strong language is entirely uncalled for. If they are not, why does

not the *O. M. Times* censure them for such failure. The mere fact of failure to publish the fact of the existence of the plague is not of itself a justification for such unwarranted language. Guess the editor was not employed nor even consulted in the suppression of this dread disease, hence his causticity. Some few doctors have commercial reasons for saying and doing things and when the only reason given is a failure to publish a bulletin it looks to "a man up a tree" like a case of politics pure and simple.

The 31st annual session of the American Medical College opened September 21st with as fine a class as ever matriculated in a college. The number was gratifying also, probably the largest number of new students matriculated the first day that has ever occurred in the history of the college. Every member of the faculty is enthusiastically buckling down to his work hence the success of this session is already assured.

Dr. L. B. Laws, the eminent eclectic, of Cabool, Mo., came to the city September 21st accompanied by his son, L. B. Jr., whom he placed in the American Medical College. He also brought a patient to the Metropolitan Hospital, upon whom Dr. M. M. Hamlin did the operation of removal of the breast. Dr. L. remained in the city one week and his patient returned home with him.

On September 15th our old-time friend, Dr. W. P. Cummings, of Salem, Mo., brought to the Hospital a patient 93 years of age who had a large growth on the right side of the

neck which was firmly attached to the inferior maxillary. It was diagnosed by Drs. Hamlin and Link as sarcomatous, and by reason of its location, its size and the advanced age of the patient its removal was considered a very dangerous procedure. The patient, himself a physician, insisted that it should be done and proceeded to a full and lucid explanation as to the technique, suggesting that there could not possibly be any danger if done as he directed. It was finally agreed to undertake the operation at 10 o'clock a. m., September 16th. The patient was placed on the table; Dr. D. S. Pruett administered the anæsthetic Dr. J. J. Link did the operation assisted by Drs. Hamlin and Jones. A large black, sarcomatous mass, the sub-maxillary gland, was successfully removed. The aged patient, after a little more than one hour under chloroform, rallied quickly with very slight evidences of shock, and made an uneventful recovery. Left the Hospital for home on the 16th day after the operation greatly pleased to know that his prognosis was correct.

Dr. David S. Pruitt of 6713 Michigan avenue, St. Louis, took a little run down to Tennessee the first few days of September he said "to see my parents" but we rather opine that Ma and Pa were not the whole attraction, Miss Ant-Arctic Circle lives in or near the same community and that broad smile that adorns the Doctor's face since his return is pathognomonic of weightier matters than "going to see my parents in Tennessee."

Doctor A. F. McMurtrey, who is not only one of the leading physicians but also a druggist, of Salem, Mo., while in the city attending to business matters is of course, making his headquarters at the Metropolitan Hospital.

In our last issue appeared a notice from Dr. A. E. Snow of his desire to leave his location at Campbellton, Mo., and now we understand that our old-time friend, Dr. N. G. Wilson has arranged to take Dr. Snow's place. So much for the advertising value of this Journal. Dr. W. is a man of wide experience, having practiced in Southeast Missouri for a number of years, we therefore predict success for the Doctor and congratulate the people of Campbellton upon having so good a physician locate in their midst. Dr. Snow has simply had phenomenal success and will probably retire from the active practice. Both of these men are graduates of the American, hence their success.

In this issue will be found two new advertisements, the Labordine Pharmacal Co. and the Wheeler Chemical Works. Read these ads and you will find something that will prove of benefit to you in your daily practice. We are using every day the tablets put out by the Labordine people and find them O. K. As to the Wheeler Chemical Works' goods we have not as yet had any experience with them but will soon be in a position to speak of them from personal experience as we shall give them a fair trial soon.

PUBLISHER'S NOTES.

THE action of CELERINA on the brain and nervous system is that of an exhilarant, relieving depression, and lessening irritable nerve conditions. In cases of organic and functional lesions of the heart, an increased steadiness of pulse beat, and diminution of pulse variation is apparent.

RIGID OS.—A rigid condition of the cervix uteri is one of the frequent causes of tardy labor, and therefore greatly enhances the dangers of parturition. In most instances this condition is due to a spasmodic contraction of the uterine muscles which is particularly liable to occur in women of nervous disposition. In these cases Hayden's Viburnum Compound is a well tried and invaluable remedy. Its anodyne and antispasmodic effects are strikingly exhibited, the rigid tissues becoming relaxed, labor progressing satisfactorily, and the general restlessness of the patient being allayed. A dose of one dessertspoonful, followed if necessary by a teaspoonful every half hour, usually does away with the necessity of dilatation, if there is no mechanical obstacle, such as cicatricial tissues or the presence of a tumor.

NEURILLA is all that is claimed for it. For nervousness caused by insomnia its calmative influence is wonderful. It has proven more satisfactory in my hands than any remedy of its kind I have ever used; and I shall continue to prescribe it wherever a nerve calmative is the desideratum.

V. E. Brunoe, M. D.,

Hardy, Texas.

THE ADVANTAGES OF COMBINING REMEDIES.—John Moir, L. R. C. P. & L. R. C. S. Ed., in "The Therapist," London, says: "Latterly I have been using heroin very extensively in tablet form in combination with antikamnia, and found the combination to act charmingly, both for relieving pain and in procuring comfortable, restful sleep, so very desirable and necessary after sleepless periods, caused by a protracted, irritable cough. The soothing rest in these cases was also characterized by a light but well-marked fall in temperature; but the greatest benefit of all in this treatment is that, although the distressing frequency of the respiration was reduced, it was stronger and heavier and less spasmodic, with a beneficial effect upon the

heart at the same time. The tablets I use contain antikamnia 5 grs., heroin hydrochlor. 1-12 gr., and were given every two, three or four hours, in cases of cough, bronchitis and respiratory affections generally, according to the severity of the symptoms, but usually one tablet every three hours. I found that the respiration was rendered easy, the expectoration was loosened without difficulty, and sleep was more readily obtained than with morphine, and unlike morphine there were no after-effects. I have, personally, been taking Antikamnia & Heroin Tablets three times a day for an irritating cough, with occasional inclination to breathlessness; so that I have every reason to be thoroughly satisfied with them as sedatives and calmatives."

PALATABLE YET EFFECTUAL.—There is a wide spread belief, that physicians as a rule, consider well-founded, that cod liver oil is not only a remedy of decided power, but a food of very high value. Every physician knows however that a very large number of patients who should and doubtless would, get much good from it, cannot, or will not take it. This is largely due to the fact that the ordinary preparations are so nauseating as to cause serious digestive disturbances, while in many cases the stomach will not even retain them. It is notorious that the so-called "tasteless" preparations are indeed tasteless because they contain no cod liver oil, but there is a preparation that contains all the potent elements of cod liver oil in a form pleasant to the taste and agreeable to the weakest stomach. We refer to Hagee's Cordial of Cod Liver Oil with Hypophosphites of Lime and Soda. Eminent physicians pronounce it a triumph in modern chemistry and prescribe it when cod liver oil treatment is indicated. In our hands results with it have been most satisfactory.—[Massachusetts Med. Journal.

SANMETTO IN PROSTATITIS, URETHRITIS, CYSTITIS.—I have used Sanmetto extensively in my practice for some years, and in well chosen cases have always gotten good results. I look upon it as a most valuable remedy in prostatitis, urethritis, cystitis, and in fact all inflammatory conditions of the genito-urinary tract.

W. J. Chittock, M. D.,
Jackson, Mich.

THE AMERICAN MEDICAL JOURNAL.

VOL. XXXI.

NOVEMBER, 1903.

No. 11.

ORIGINAL COMMUNICATIONS.

WHAT LITTLE I KNOW ABOUT CACTUS FLOWERS AS A REMEDY.

BY OVID S. LAWS, M. D.

I have made no botanical study of the cactus family from a book; hence I know but little regarding names of different species. And when we read of spec. tinct. cactus flowers, I do not know whether it means the flowers of a certain species, or of the flowers in general; but I do know something of the value of the flowers of one species.

I got two sections from a lady who had quite a variety, and this one she called the "night blooming cereus." I planted the sections by my barn. One threw out a great many branches, but no blossoms. The other branched but little, but bloomed freely. It climbed twelve feet to the roof and curved out so as to pass the shingles, and got on the roof, but jack frost was too severe for the part on top.

The reason the other did not bloom is supposed to be because it happened to be planted wrong end up. I let it grow for several years but as no blooms appeared, I dug it up.

I was rather startled one day when another plant-growing lady told me I had the "snake cactus climbing up my barn.

So it seems that snake cactus is the common name for flowers that are variously styled "night blooming cereus,"

"cactus grandiflora," etc. It has a stem an inch in diameter, and gets no larger by age, and would doubtless grow fifty feet in length in a clear field. The bloom cannot be surpassed in beauty. I use only the light colored part of the flower, and its net work of delicate organs. So the home-made tincture of cactus flower is of a bright straw color. I prepare the tincture before the flower wilts by cutting it up finely and covering it with strong alcohol in a wide-mouthed bottle. Frequent agitation for a few weeks gives me a very fine tincture that I value more than any other remedy for general use in heart diseases.

I could give several interesting cases, but will only state briefly that you can rely on it in cases of "fatty degeneration of the heart," and in weakened conditions of the heart muscles, or valves. I sent some to a man at Redlands that was reported to have "water around the heart." A single ounce cured him. I ordered it given in doses of five drops three times a day.

So you see, with me, cactus is in the front rank of our little army of heart remedies.

Please remember that it is prepared from the fresh flowers of the "snake cactus," and I can vouch for no other.

THE COMPOSITE MAN.

BY E. H. PRATT, M. D., LL. D.

IMPERSONATION No. 3.*

THE ARTERIAL MAN.

LADIES AND GENTLEMEN:

Well, here I am, just as my brother form, the muscular man, promised you.

Although the bony, muscular and all other human shapes have left me and I am before you alone, separated completely from the rest of my family, the human form

which I constitute is a very perfect one, for my blood vessels permeate every part of the human being.

If I belonged to the vegetable kingdom my proper classification would be the tree of life, my heart constituting the roots, my aorta, which is my main artery, the trunk, and all the rest of my arteries, branching from this in every conceivable direction, the branches, growing finer and finer as they approach their various destinations in the other tissues until ultimately they terminate in a net-work of vascular loops which connected me with the venous man, so fine in caliber as to be indistinguishable by the naked eye and called the capillaries. These would properly be called the leaves of the tree of life. The figure is not a bad one, for as in the historical tree its leaves were for the healing of the nations, so my capillaries were for the healing and building up of the entire physical man. By the way, I have never had the opportunity of looking in the glass, and it would not serve any purpose if I had, for my eyes are nothing but bloody eyes and I am as blind as a bat. But it occurs to me as my heart and large arteries are large enough to be seen by the naked eye, and my capillaries in which my small arterioles terminate in every part of the body are so fine as to be indistinguishable by the naked eye, my outlines instead of being well defined as I appear before you, must fade out so gradually as to give me the appearance of being completely surround by a sort of halo. You might mistake my margins for a fine fuzz and suggest if I lived long enough I might feather out. But you would be wrong, as I can assure you that I have no closer relationship with the feathery tribe than I have with the rest of the physical creation, and my peculiar appearance in this respect is simply due to the fineness of the subdivision of my arteries as they disappear in the sea of capillaries which is their ultimate destination. You see at my periphery I, as it were, melt away into the invisible. My heart and most of my arteries are plainly

*These impersonations by Prof. Pratt—fourteen in number—have been published in book form, neatly bound in cloth, and can be furnished by the editor of this Journal upon receipt of price, \$1.50.

visible, but as they grow smaller and fade out into the capillaries I become invisible. So in part you see me, but in part you do not see me.

You know that so far as my brothers and I are concerned we were all constructed of minute cells, varying in shape and size, but always so diminutive as to require the use of a microscope to bring them within the observation of the anatomist. There could be no skin man, areolar man, nervous man, muscular man, or any other kind of a man unless cells were employed in his building, just as bricks are necessary in the building of a brick house. The cells of different kinds were closely molded together in such shapes as to constitute the various tissues out of which our whole body was constructed. Yet there was not a single cell in the entire human being the material for which had not been carried along my arteries out into my capillaries, and through these poured into the adjacent tissues. In consequence of this fact I used to flatter myself that I was the direct means by which our whole family of human shapes was in the first place constructed, and that in the same manner I was the direct agent through which all repairs were made.

Although I myself was called a fairly perfect human shape, nevertheless I will have to admit that in some places a part of my shape was formed by bones, in all places the muscular man contributed to my formation, so also the venous, areolar, lymphatic, and both nervous men, in fact all the other human shapes, had more or less to do with my building, and the knowledge of this fact was probably all that kept me from feeling a sense of superiority over my brother men. It seems as though in a sense I was more important than they were, for I brought the material for the construction of every one of them, and I was constantly supplying material for the extensive repairing which all of them seemed to continually demand, and it kept me busy, I can tell you. The eyes wanted my blood, so did the ears and all

of the parts of the head, neck, trunk and extremities, and I controlled the entire blood market and gave my whole time to supplying it for others to feed upon, taking, of course, for myself what little I needed for personal use. In satisfying my own wants, however, I wish it distinctly understood that I never under any circumstances helped myself from the general blood supply of which I had entire charge. This mass of liquid flesh, the blood, was entrusted to my keeping for the benefit of the whole family and I had to give an account of every drop which came into my channels. So instead of taking a mean advantage of this public treasury as thousands of other officers in similar places of trust are so sorely tempted to do, I carried it to its destination, wherever it might be, completely unmolested and in as good condition as when I received it for transmission. Of course a certain amount of blood was necessary for my own building and repairing, but this was supplied by a separate set of blood vessels, called the vasa vasorum, and I put in my demands for nutriment by way of these minute blood vessels on the same plan as was observed by the other members of our physical family. You see I was salaried. I was born honest, and I never betrayed a trust. Every bit of blood that was entrusted to my keeping was honestly given up again and my sole source of supply for my own necessities was what was allotted to me by the little system of the vasa vasorum. As you see me tonight my blood has all been drawn off and I am nothing but a set of hollow tubes of various sizes, so arranged as to be rounded out into a very complete human form.

I have been called the arterial man for a good many years. When the first anatomist discovered me it was in a dead body, and as I am filled with blood only during life, of course he found that I was hollow just as I am now and so he thought I was full of air when carrying on my business in the body, and hence the name artery, from aer, signifying air. It strikes me as singular, now that anatomists know

better, that this man's ignorance has not been wiped out of the text-books and a name given me that is truer to life; but I have been called the arterial man so many years that I suppose my name will probably remain unchanged so long as my physical creation lasts. But my continuing to bear the old name which the first anatomist in his ignorance gave me, shows one thing very plainly, that the mistakes of men are frequently indelibly stamped upon the ages which follow. The old anatomist is dead and forgotten, but because he thought I was full of air and therefore dubbed my branches arteries, therefore his anatomical blunder seems destined to advertise his ignorance for all time.

I am not the only instance of such bad naming in the human organism, but I do not like it just the same, and although there is little hope that my branches will ever be called anything but arteries I thought I would take this opportunity to register my grievance. For the reason that it is a misnomer I do not like the term artery; however, I cannot help it and expect to endure it for the rest of time. I do not know that it matters much, however, if you all understand that, although my tubes are said to contain nothing but air when our family of forms has ceased its activities and begins to disintegrate (being what is commonly termed dead), when in the living state and ready for the business of the world there is not a bubble of air in me, but I am completely filled from heart to capillaries, with that great bright red fluid of life known as human blood. (In one of my arteries—the pulmonary—I carry black blood, but only a short distance.) My heart, like my arteries, is a hollow organ, located in the lower part of the chest, inclining to the left side. Its point is downward and toward the left, being two and a half inches to the left of the middle line and as low as the intercostal space between the fifth and sixth ribs of the bony man, its base directed upward and to the right, extending as high as the costal cartilages of the third ribs

and one and a half inches to the right of the middle line. This brings the body of my heart behind the lower part of the breast bone, or sternum.

I sometimes thought that my lot was a hard one, because I had no opportunity to rest from one end of life to the other, except in the short gasps or intervals between my pulse beats. There was such a steady demand for the blood which I contained that I had to keep the stream in motion day and night, winter and summer, year in and year out—until myself and my brother forms gave up the ghost and passed into dissolution—from sixty to seventy times per minute in health, and in disease from twenty to one hundred and eighty times per minute (which was about as fast as could be counted.) The pulsations of my heart and the throbs of my arteries must be perpetually made as ordered by one or both of the nervous men.

I dealt in two kinds of blood. The blood which was poured into the left auricle of the heart (that being the upper compartment of the heart on the left side) as it came fresh from the lungs, was thoroughly oxygenated if the lungs had done their duty, and was bright red in color. As soon as the auricle was full its muscular coat contracted and forced it down into the left ventricle of the heart, by way of the opening between the auricle and ventricle, which was called the left auriculo-ventricular opening. This was guarded by what was known as the mitral valve in such a manner that when the left ventricle contracted, which it did just as soon as it was full, the valve was completely closed, and it thus became impossible for the blood to be forced back in the direction from which it came. This compelled it to pass upward into what was known as the arch of my aorta, which is the largest blood vessel of my form, and then it passed through numberless channels to its destination in my capillaries. At the same time that the left side of the heart was

thus forcing the blood all over the body a similar function was being performed by the right side of my heart, only the blood which the right side of my heart handled was black or venous blood, and instead of pumping it to all parts of the body as the left side of my heart did, the blood which it contained was only sent as far as the lungs by means of my pulmonary artery with its branches and capillaries.

You see the blood was poured into the right auricle of my heart by means of the two big central branches of the venous man, the superior vena cava bringing back the black polluted stream of blood from the upper part of the body and the inferior vena cava bringing the same kind of blood from the lower part of the body. As soon as these streams had filled the right auricle of my heart, its walls contracted, forcing the black blood through the right auriculo-ventricular opening into the right ventricle of the heart. This opening between my right auricle and ventricle was guarded by what is known as the tricuspid valve, whose arrangement was quite similar to that of the mitral valve of the left side, so that when my right ventricle contracted the blood could not leak back into the right auricle of my heart, but passed through the pulmonary artery to the lungs. The two halves of my heart worked with a uniform rhythm. My auricles were filled and emptied, as were also my ventricles, at the same instant, although the left side handled the bright red, or arterial, and the right side the dark red, or venous blood. The walls of my auricles were of about the same thickness, for the distance which they had to carry the blood was the same on the two sides of my heart, being merely from the auricles down into the ventricles. But with the ventricles it was different. My left ventricle had to pump the blood as high as the head and as low as the feet and as far out as the ends of the fingers and everywhere between, while my right ventricle only had to carry the blood as far as the lungs. That was why the muscular walls of my left ventricle were about three times as thick as the walls of my right

ventricle. But they always contracted at just the same time, so that a superficial observer would scarcely suspect there being such a difference in their functions. When my ventricles contracted the blood was forced out into my two largest arteries, namely, the aorta, which received the bright red blood from my left ventricle, and my pulmonary artery, which received the black blood from my right ventricle, with tremendous force; indeed it started a wave which throbbed through every artery of my organization and did not stop until it reached the great sea of my capillaries. And that is how I came to have a pulse beat.

You can imagine with what speed the blood rushed along my hollow walls when you stop to think that the ventricles were completely emptied in a full grown person from sixty to seventy times per minute, and that a blood corpuscle could make a complete circuit of the circulation, starting from the left side of the heart, passing along the arteries as far as any of the capillaries, back through the veins, through the right auricle of my heart, down into my right ventricle, to the lungs, back from the lungs into my left auricle, and down again to my left ventricle, where it started from, in about two minutes' time. This is not as quick as an electrical or a thought wave, but it was an accomplishment of which I was quite proud. Some would regard my work as very monotonous, as it had to be kept up as a steady thing, in sickness and in health, during activity as well as repose, as a regular supply of blood was demanded by every one of our human forms throughout life, and I am one of the shapes that was never permitted to rest either day or night. I was always deeply interested in my work, however. I could never tell where my blood came from nor where it went to, as I was always in the habit of minding my own business and simply performed my duty of passing it on. But I knew that life and death for our whole family depended upon my personal efforts, and I was keenly alive to the

responsible position in which I was placed. Sometimes my muscular fibers, through imperfect connection with the nervous men, would either shut down too tightly and narrow the caliber of some of my arteries, or else let them stand too wide open from a condition known as paralysis. In either case my blood stream would be obstructed, my precious burden would not reach its destination, and as I knew I would be blamed as soon as my imperfectly performed function was found out I suffered all the tortures of a messenger who had an important mission entrusted to his keeping and which he was not able to execute.

The organs or tissues that relied upon my affected arteries for their customary blood supply, failing to receive it, would starve and sicken and set up serious mischief for the whole family, for the organs of our body are so closely associated that suffering in any part was communicated more or less perfectly and immediately to all other parts, and when one of our family was sick we were all sick. A knowledge of this fact was sufficient incentive to me to do my whole duty by my family and leave no stone unturned so far as I was concerned to complete a well-rounded physical career. My conscience has always been clear. My nervous brothers, the cerebro-spinal and sympathetic men, under whose conjoined impulses all my activities were carried on, could not always agree as to how hard I should work, and in consequence my orders were frequently contradictory, and this always made trouble. I was fretted a good deal in this way, and when there was any serious difficulty from this cause my nervous brothers always had to come to some sort of an understanding before my functions could be again properly established. I got very tired sometimes and would have liked to have been relieved from such steady employment, but it was useless to complain, as there was no one else to do my work. My duty was a very exacting and trying one. If I accomplished my work too fast or too slow,

or became the least bit unsteady in it, my whole family was upset and disaster to us all was sure to follow sooner or later.

I had nothing to do with returning the blood from either the lungs or the other tissues to my heart, as I had a twin brother, the venous man, who accomplished this function. It was all that I could do to distribute the blood from the heart to the lungs and to the other tissues. I will say nothing of its return, as my venous brother is perfectly capable of speaking for himself and will present his autobiography to you at your next meeting.

If I have given you the impression that my heart was the sole propelling power of the great blood stream which rushed along my channels permit me now to correct it. My arteries, which extend from my heart to my capillaries, whether they were large or small, consisted of three separate coats. The innermost coat or tunica intima, as it was called, was a serous membrane continuous at one extremity with the lining of the heart and at the other with the capillaries. Its surface was covered with what is known as pavement epithelium, so as to render it perfectly smooth in order that the rushing blood might find no obstacle in its way. My outer coat, called the tunica adventitia, was a membrane furnished me by the areolar man for my comfort and protection against the encroachment of my fellow shapes. It held me in place by its attachments to the sheaths which encased me and made a soft bed for me to lie in, besides adding to my strength and elasticity. But if one coat was more important than the others, perhaps it was my middle coat which had been woven for me through the kindness of my brother, the muscular man. The fibers thus furnished me by my muscular brother for my middle coat were all of the involuntary type, and they were arranged about my tubes in layers. Although the fibers themselves were very short, by overlapping they constituted a thick heavy tunic, which

formed most of my thickness. In this tunic the fibers on the outside were arranged longitudinally, and when they contracted shortened the artery which they surrounded, while those of the inner side passed around the artery in a circular manner, so that when they contracted they narrowed its caliber. By this arrangement I was capable of peristaltic action, just like the sweat glands or intestinal tract, or any other of the tubes of the body, concerning which my brother form, the-muscular man, has already spoken to you and my tubular brother who is still to be heard from, will explain.

Now all the heart had to do was to pump the blood into my arteries, the left ventricle into my aorta and the right ventricle into my pulmonary artery. Just as soon as this was accomplished I had three little valves in each of these arteries right close to the heart which immediately closed, so that it was impossible for the ventricles when the heart was relaxed to receive the blood back again. These valves in their appearance resembled a half moon, and were consequently called the semilunar valves. Any who wish may examine them at the close of my talk. When the blood attempted to rush back into my heart after the contraction of my ventricles, it found its way behind these valves and threw them together suddenly with a click, known as the second sound of the heart. But they were equal to their task, and when my ventricles had once emptied themselves and my semilunar valves were immediately closed and not a drop of blood leaked back. To be sure my heart acted with considerable force and sent a tremendous wave out into my arteries. But this wave would soon have ceased and by no means be expected to reach as far as my capillaries if the middle coats of my arteries did not first relax to receive the approaching wave, and then immediately contract and continue the impulse along my entire arterial length. The heart started the impulse which made my arteries pulsate, but my arteries themselves kept up the throb by their rhyth-

mical peristaltic action until my muscular coat stopped and the innumerable small streams of blood found themselves lost in the ocean of my capillaries. There was no pulse beat in my capillaries, but there was in every other part of my structure, and I want you to understand that the heart did not deserve all the credit for my universal pulse.

You see the blood which I contained was really the liquid person. None of my brothers could ever have taken shape except for me. I held all the tissues of every one of them in solution, and was responsible for circulating not only the crude physical material out of which they were all constructed, but also the vitality which supplied them with the very ideals by which they were each and all of them built. The blood stream was truly the river of life, which was immediately responsible for every type of organic function and physical activity, whether of growth, of function or of repair. A knowledge of this fact would have been likely to inflict me with my own importance if it had not also involved a deep sense of the responsibility of my office, for our entire family of bodily shapes were charges placed in my keeping, and so keenly did I feel the importance of my function that I had no time for conceit or pride of position. The fact of the matter was that we were all mutually dependent upon each other, and in reality no member of our wonderful family of human forms could be spared without destroying the entire family, and hence as this fact was known to all of us, conceit was not one of our temptations. We never debated the question as to who was the greatest, but simply went on each with the duties allotted to him to the best of his ability, always working in harmony, each for the benefit of the others. We were never unhappy unless some one of us was sick, and we were so closely united that when one of us was sick we all suffered in common, a fact that will be considered more at length by one or more of my brothers who will speak to you later on.

You will observe that I am one of the tubular members of our body, and that my service to our human being was performed by peristaltic action. In this capacity I enjoyed a distinction over all the other tubes except my twin, the venous man, and also the lymphatic man. For instance, there were the sweat glands, sebaceous glands, mucous glands, kidneys, ureters and bladder, the intestinal tract, the uterus, vagina, and testicles, and the bronchial tubes, all of which performed their functions by peristaltic action the same as I did. The muscular fibers by which these peristalses were accomplished in all of the tubular organs, myself included, were of the involuntary type and hence were under the control of the sympathetic nervous man, the cerebro-spinal man controlling only the voluntary muscles. Thus you will readily see that peristaltic action, which was the mode of activity employed by the tubes of our body, was presided over by the sympathetic man. In this respect my own peristaltic action enjoyed a special distinction from that accorded the other and less consequential tubes. My muscular coat consisted of involuntary fibers just as all other tubes did. But the nervous force which kept them in rhythmic operation was not supplied solely by the sympathetic nerve. The cerebro-spinal system sent out innumerable tendrils, which joining with similar one from the sympathetic, mingled together in a net-work of entangling fibers, which were twined about my entire structure from heart to capillaries, constituting a special set of nerves known as the vasomotor system. By this arrangement you will see at once that while the rest of the tubes of the body had directly but one source of nervous supply upon which all their operations depended, namely, the sympathetic, in my own case I was under the direct influence of both nervous systems. My nervous brothers will each of them address you in due time, but right here it will do no harm to mention one or two of their characteristics, as this seems necessary to explain why I was

under the control of both of them, and also why my regular business was frequently interfered with until sometimes I scarcely knew whether I was afoot or horseback, so to speak. This fact also explains our premature death.

You should know that my cerebro-spinal brother was a very self-conscious fellow. He saw and heard and smelt and tasted and felt our way through the world and based his orders on a judgment which resulted from his various observations. When he was level-headed and serene all went well, but let him become possessed of cranky notions, as he did too frequently for the good of the family, and he was sure to get us all into trouble. So far as I was concerned I did not mind his commanding me to enlarge the caliber of my facial arteries and suffuse our composite face with blushes, for blushing is but an accomplishment of modesty. But when he was fearful and got over-anxious and kept us all awake nights and worked us too hard, when he took a moody view of events over which he had no control and distressed the whole family with his lamentations, and especially when he went beyond this and got mad he could do us all more harm in a minute than could be undone in a week. It was a good thing for us that he could boss us around only during waking hours, as he was very erratic, hard headed and inconsiderate. He made mistakes enough for us all and we really never succeeded in being a happy family until all the conceit and self-will to which he was prone was taken out of him by the incidents and accidents of time and he became thoroughly imbued with the only true inspiration of correct living with which was embodied in the submissive prayer: "Thy will, not mine, be done." All through the first part of our life he and God seemed to differ and his desire was evidently "My will, not thine, will be done," and it took a good many disappointments and disasters, in which the whole family of us was involved, to teach him the fallacy of attempting to become a law unto himself,

and that his business was to obey laws rather than to attempt to make them. Later on in our experience he became more Christian-like, and as he did so, we got on better. It was a happy day for us when he surrendered, for we were all at his mercy and the burden of his mistakes always fell upon me especially, or at least so it seemed to me. He would repeatedly call upon me for more activity than I was capable of and got me all out of rhythm until I was many a time more distressed and discouraged than I can possibly tell you. Our family troubles, I am satisfied, all had their beginnings in his mistaken conceptions of life and its purposes; but I have no complaints to offer. He was our elder brother, and without him our existence would not have been possible, and we were all satisfied that his mistakes were those of ignorance, which he was only too glad to correct as soon as he learned better. He knew very well that whatever he had in his head was of supreme importance to us and on all occasions. I am satisfied that he did the best by us that he could, and all that I want to say is that as he grew wiser the rest of us invariably grew happier and healthier.

The sympathetic man, who was always on duty day and night from birth to death, was not at all self-conscious or erratic in his management of us. His business was simply to find out what the various members of the family needed and to do the best he could in the way of supplying it. He was regular in his habits and tireless in his energy. He sympathized very deeply with the troubles of the cerebro-spinal man, but nevertheless had a mind of his own, which was greatly to our advantage, for without his steadying influence none of us would have had sufficient courage for a single day's work. It was under his masterly management that all our work of building and repair was carried on and the various rhythms of the organs established and maintained. He never slept nor rested, but was always at his post of duty, issuing whatever orders were necessary for the per-

formance of the various bodily functions. He was of an uncomplaining nature and did the best he could with the forces at his command, regardless of the incidents and accidents of our human experience. We had jolly comfortable times nights, when the cerebro-spinal man was asleep. Sometimes our cerebro-spinal brother would submit to the management of the sympathetic man and then all would be well with us. But this was not always the case, and when our cerebro-spinal brother succeeded in disarranging the plans of our sympathetic man there was trouble in store for all of us. But even in such crises of our existence our sympathetic brother stood right by us and did the best he could. The vaso-motor system of nerves which dominated my personal activity would receive some pretty severe orders from the cerebro-spinal man, but when disaster threatened, the sympathetic man would modify them so as to make life tolerable and trouble was thus frequently averted and our continued existence made possible. These nervous brothers of mine will each speak for himself after a short time, and so it is unnecessary for me to say more to you now concerning them. My best and dearest and most reliable and helpful companion in all the years of my existence, however, I wish to tell you right now was my sympathetic brother. He was a quiet fellow and was never properly appreciated by doctors or laymen, but his time is coming, if indeed it has not already come, and matters are going to be better than they were, for he knows laws and every human being had better listen to his counsels if he wishes to get on well. Of course our family of forms were all fond of one another, but I can tell you that our sympathetic man is the brother whose voice needs to be heard, and I advise you to give him careful audience when he speaks.

Perhaps you have observed in looking at me that my arteries seldom pursue a straight course, but are more or less tortuous in their appearance. The reason for this was

to adapt them for the different positions and conditions of the parts which they supplied. In organs which vary greatly in size and position at different times, my arteries were much more tortuous than where but little mobility or change of position was expected. My large arteries always ran out to their destination in as direct a course as possible. In the extremities they wound about so as to lie along the flexor side of the limbs, only such branches as were absolutely necessary for local nutrition being sent off on the side of the extensors. There were no large arteries along the back of my head, neck, trunk or limbs. Of course my capillaries were everywhere, as the nature of their function rendered this necessary. But everywhere in the body my position was always as protected as possible on account of the importance of my mission. The whole family realized my importance and favored me accordingly. All of them would fight for me in a minute if they had to, and I tell you it scared them all when I suffered violence and the blood which I carried was spilled out or obstructed.

A few of my brothers had tissue so characteristic of them as to give them a marked individuality. Especially was this the case with my bony, my muscular, and my areolar brothers. But for myself, I seemed to be constructed entirely from elements borrowed from other members of my family. I was under especial obligations to the areolar and to the muscular men. The forms of most of the other men were closely entangled in the meshes of my own construction, just as our forms were all more or less closely blended together in the composite man. But I could retain my shape and personal identity and spare all my brothers except the bony, muscular, areolar, and skin men. Without these I could not and would not have existed. My sympathetic brother, who, as you will understand from what I have said, was very close to my heart, contributed but little to my shape. The understanding between us, however, was just

as close as though his outward form had been a larger part of my own.

Ladies and gentlemen, I feel that I have already severely taxed your patience with my long story, and so will bring my remarks to a close. I have said nothing of how I have suffered in the way of sickness, acute and chronic, but I think you will understand that, like my brothers, I too, was mortal and consequently subject to all the conditions of mortality, having much to do while I lived with the health and sickness, the growth and repair, of all the human shapes with whom I was associated, and was liable to all their sorrows as well as their joys, to all their diseases as well as their recoveries. I had a few troubles peculiar to myself, but do not deem the present occasion a proper time for their consideration, as my story has already been a long one. So, thanking you for your presence and thoughtful attention, I bid you good day, feeling sure that if you have been interested in my personal history in spite of its incompleteness and other imperfections, you will take a still deeper interest in the impersonations of my brother forms, who are yet to be heard from.

The next shape to speak to you will be my twin brother, the venous man.

DIRECT MEDICATION.

BY GEO. C. PITZER, M. D.

(Continued from October Journal.)

Atropin.—This is prepared from belladonna. First, a tincture is made from the belladonna leaves, or root, and from this a white, transparent, crystalline alkaloid is obtained, called *atropia*. This *atropia* is odorless, and has a bitter taste. It is not readily dissolved in water, and is not much used in medicine; but with sulphuric acid a very sol-

uble salt is formed from this atropia, which is easily handled, and possesses all the virtues of the atropia. This salt is the *atropin* named in the heading of this paper, and is commonly and properly called *sulphate of atropia*. It occurs in a white semi-crystalline mass, readily soluble in water, and is non-irritating to mucous, serous and cellular tissues.

The therapeutic properties of atropin are similar to those of belladonna, from which it is made; but atropin is more convenient in many cases, and really more effective in some painful affections than belladonna. Where belladonna will answer the same purpose it is to be preferred, for the dose of atropin is so small, and the distress and anxiety resulting from an overdose so troublesome, that we should aim to avoid all danger by using the less potent drug in all cases where it will do as well.

But we meet with cases where atropin is the best, and then it should be used, and in the most appropriate form possible. Triturated with sugar of milk, the first decimal trituration, as prepared by homœopaths, is a very convenient form for internal administration. Ten grains of this trituration contains about one grain of atropin. Or atropin may be given in the form of compressed tablets, composed of atropin and sulphate of soda. These tablets are prepared for the profession by John Wyeth & Brother, Philadelphia, in a variety of sizes and combinations, and are exceedingly convenient for internal or hypodermic use. They are readily dissolved in warm water, and dissolve quickly in the stomach. Absolute accuracy of dose, ready solubility, perfect preservation and convenience in dispensing are advantages of this form not to be overlooked. And they are specially appropriate for hypodermic use, while triturations and granules, as commonly made and sugar-coated, cannot be used in this way. Again: where the dose is to be repeated often, or a speedy effect desirable, atropin should not be given in old

sugar-coated pills or granules, for they may be slow in dissolving, and finally accumulate and do great damage.

The dose of atropin by the mouth ranges from the 1-200 to the 1-25 of a grain; hypodermically, from the 1-200 to the 1-20 of a grain. This latter dose, 1-20 of a grain, is to be used in extreme cases only: hereafter referred to.

The effects of a large dose of atropin, from the 1-16 to the 1-12 of a grain, are cerebral excitement, a quick pulse, wild delirium, preceded and accompanied by dryness of the mouth and throat, redness of the face and dilated pupils. These symptoms are manifested in from three to eight minutes after administration. The delirium continues from twenty to sixty minutes, when the pulse grows slower, the redness of the face gradually fades, and the patient becomes composed, and may fall into a quiet sleep, and remain in this state for two, four or six hours if not disturbed, when he wakes up feeling quite natural except a little dryness of the throat and an impairment of vision. The dryness of mouth and throat soon passes off, and the eyesight is again perfect in from twelve to twenty-four hours. In cases where larger doses are taken the delirium is more persistent, and all the symptoms are alarming. In smaller doses, from the 1-200 to the 1-60 of a grain, we observe a slight redness of the face, the pupils a little dilated, the eyes brightened, the pulse increased in force; and if the dose is repeated every twelve hours, there is an increased flow of urine and a lax condition of the bowels.

Atropin acts upon the nerve-centers directly. It stimulates the vaso-motor nerves specially and speedily; no matter how small or how large the dose, this is the first effect of atropin. This stimulant effect upon the vaso-motor nerves causes a contraction of the arterioles, forces the venous blood onward, but increases the blood-pressure on the arterial side of the circulation. This increase of blood-pressure on the arterial side of the circulation accounts for the wild delirium

resulting from large doses. But where large doses are taken, the stimulating effects upon the vaso-motor nerves soon passes off, and a semi-paralytic condition ensues, resulting in a venous congestion, accompanied by stupor. On the other hand, where small doses are used, and more frequently repeated, we obtain and keep up the valuable vaso-motor stimulant effects of atropin which are so desirable in many cases of venous or passive congestion of the brain. Now, a careful thought devoted to these observations upon the effects of atropin will give the reader the key to the whole secret of the successful use of atropin and belladonna. Atropin is not limited in its effects upon the circulation in the brain, however, but throughout the whole body does it manifest its influence, stimulating the vaso-motor nerves, relieving venous congestions and increasing the blood-pressure on the arterial side. In venous congestions, where the pulse is feeble, face pale, eyes look dull, pupils dilated, patient stupid, nothing can possibly arouse this patient so quickly as atropin, or belladonna. The 1-200 of a grain of atropin should be given about every three hours in adult cases, and proportionate quantities in cases of children. Belladonna, in small and frequently-repeated doses, is more frequently used in these cases, and will be mentioned in a future paper.

Atropin is not only useful in congestions resulting from nervous impairment, but it is a valuable remedy in *painful* nervous affections. Combined with sulphate of morphia, it is the most potent drug we have in the relief and cure of crural and sciatic neuralgias. In such cases as these we use the drugs hypodermically. The sulphate of morphia alone would give temporary relief in such cases; but we have found, by actual experience, that by the combination of sulphate of morphia 1-4 grain, and sulphate of atropia 1-40 to the 1-20 of a grain, we not only relieve a crural or sciatic neuralgia more speedily, but the effect will be more permanent. In fact, we cannot rely upon morphine to cure these cases;

and the sickness following its use taken alone is so distressing that many patients dread the remedy almost as bad as the disease. But when atropin is given in combination with morphine, the distressing effects of the morphine are entirely obviated, or materially modified, while the morphine prevents the passive congestion that would otherwise result from the large dose of atropin, should it be taken alone. Then, in violent cases of crural or sciatic neuralgia, give morphine and atropin hypodermically, 1-4 grain of morphine combined with from the 1-40 to the 1-20 of a grain of atropin, and repeat the dose when the pain returns. However, if the neuralgia assumes a periodic character, and one dose does not cure, the paroxysms of pain may be anticipated by giving a dose about an hour before the expected paroxysm. In every case immediate relief is given, and in many cases one or two doses permanently cure. The injection should be made immediately over the site of the pain in crural and sciatic neuralgia. In other cases, injections in the arm will do. To insure success it is positively necessary to give large doses of atropin. Small doses *will not cure* crural and sciatic neuralgia.

Delirium may result from these large doses of atropin, even when combined with morphia; but it will soon subside, and the morphia will effectually prevent serious results, and nobody need have any fears in using these drugs in these doses in adult cases.

Atropin is not only useful as an adjunct to morphine in violent cases of neuralgia, but it is advantageously combined with morphine for hypodermic use in all cases where morphine is indicated and used in this manner. It modifies the effect of the morphine, in most cases prevents nausea and vomiting, and instead of impairing the anodyne effects, it increases the power of morphine to relax spasm and relieve pain. Atropin is a powerful drug in its effects upon circular muscular fibre, and its antispasmodic influence is witnessed

by every one who takes the pains to observe closely. For ordinary purposes, we take atropin 1-100 to the 1-60 of a grain, and morphine from 1-6 to 1-4 of a grain, and inject into the cellular tissues of the arm. This will relieve bilious colic, painful cramping and distressing nausea and vomiting in cholera morbus, and the violent and lancinating pains in pleurisy are speedily relieved by this combination. Hysteria is controlled by these injections in a marvelous manner. And in puerperal convulsions we have no means that will compare with this combination of atropin and morphine. Puerperal convulsions depend upon a reflex irritation, and atropin and morphine effectually relieve the excitement and break up the sympathy, and relaxation and quiet repose speedily result. Much more might be said regarding this combination in the treatment of various ailments, but enough has been presented to guide the mere novice. A word of warning: Hypodermic injections will not cure everything, and we should be careful that we do not use them too freely, and dose too heavily. Use them only when positively necessary. Regarding the use of atropin given alone, and by the mouth, it is very useful in cases of night sweats following intermittent fevers, and in consumptives granules of 1-100 to 1-60 of a grain may be given at bedtime with good effect. And in cases of profuse sweating in the declining stages of fevers, the 1-200 of a grain of atropin, every two or three hours, is an admirable measure.

Urticaria, or nettle-rash, is speedily relieved by the use of atropin. The 1-100 to 1-60 of a grain given every twelve hours will be sufficient. And in cases of threatened attacks or relapses, two or three doses will prevent in nearly every case.

Atropin checks the profuse flow of saliva in mercurial ptyalism. And in protracted and annoying cases of pyrosis, or water-brash, atropin and sub-nitrate of bismuth are reliable drugs to relieve and cure.

Oculists use atropin to dilate the pupil of the eye in cases where this become necessary; and inflammatory diseases of the eye are frequently relieved by a local application of a solution of atropin—four grains to water one ounce—a few drops in the eye twice a day. Some cases are aggravated it, however, and its effects should be watched.

Asclepias Tuberosa.—This is essentially an eclectic remedy, no other school of medicine using it much. The fluid extract, specific tincture and saccharated extracts, are the appropriate forms for general use. However, an infusion of the root of asclepias may be employed in some cases to good advantage; but the saccharated extract, dissolved in hot water, is equally as good, and is so much more convenient. For an adult—℞. Fluid extract, or saccharated extract of asclepias, ℥ij to ℥ss; water, ℥jv. M. S. One teaspoonful every fifteen, thirty or sixty minutes, as required. Children may have doses in proportion to age.

While asclepias is not a dangerous drug, it is no less potent for good, and we have but few remedies that possess more valuable properties. It relieves irritation of the mucous membrane of the alimentary canal, quiets nervous excitement, relaxes spasm, equalizes the circulation in fevers dependent upon mucous or serous inflammations, and relieves the pain resulting from congestions in these membranes, by virtue of its diaphoretic, antispasmodic and anodyne properties. Under its influence the skin becomes moist, the pulse softer and less frequent, and a general feeling of repose is enjoyed by the patient.

So certain and speedy are its effects in pleurisy, that it has justly earned the name of *pleurisy-root*, and is known by this name everywhere. And it is so prompt in the relief of wind or spasmodic colic, especially in infantile colic, that the name *colic-root* is sometimes given to it. In pleurisy, we administer it in full doses, frequently repeated. This combination will be found very effective: ℞. Fluid, or saccharated extract of asclepias, ℥ss; tinct. veratrum vir.,

gtt. xv; water, ℥iv. M. S. One teaspoonful every fifteen minutes till four doses are given, then every thirty minutes, and finally, when the skin becomes moist, the pain begins to subside, and the pulse and febrile movement fall, extend the intervals to one or two hours. In the first stages of pleurisy, and in many cases of pneumonia, too, no better combination can be made.

In measles, asclepias is the most valuable remedy we have. It favors the appearance of the eruption, aids in holding it upon the surface, relieves bronchial excitement, and prevents mucous irritations in the alimentary canal, thus saving the patient from the distressing cough, and harassing diarrhea so common in measles. And where bronchitis results—R. Fluid extract of asclepias, ℥ss; syr. ipecac, ℥ss; syr. wild cherry, ℥ij. M. S. One teaspoonful as required. Where the cough is dry and hard, tinct. of lobelia herb, one drachm, to the above four-ounce mixture, will enhance its virtues.

Infantile colic is relieved by this combination: R. Fluid, or saccharated extract of asclepias, ℥ss; tinct. belladonna, gtt. ij; water, ℥ij. M. S. Half a teaspoonful every fifteen, thirty or sixty minutes, as required.

Diarrhea and dysentery, resulting from cold, are speedily relieved by large doses of asclepias, combined with small doses of aconite. Warm drinks and hot foot and general sponge baths, are valuable aids. In all cases, the virtues of asclepias are materially enhanced by the use of hot foot and general sponge baths.

[TO BE CONTINUED.]

PRINOS VERTICILLATUS.

BY JOHN W. FYFE, M. D.

COMMON NAMES—Black Alder, Winterberry.

NATURAL ORDER—Aquifoliaceæ.

PART USED—The bark and berries.

DESCRIPTION—This shrub has a stem six to eight feet in height, with a grayish bark and alternate branches. Its

leaves are alternate and scattered on short petioles, smooth above and downy beneath, and olive-green in color. The flowers are small, white, and on short peduncles. Its berries are globular, about the size of a pea, scattered in groups on the stem, and bright scarlet in color.

DOSE—Fluid extract, 30 to 60 drops.

USUAL DOSE—10 to 20 drops.

INDICATIONS—Atonic conditions of the digestive tract; cutaneous eruptions; diseases attended with great weakness; sores and ulcers; chronic diarrhœa and chronic dysentery.

As a stimulant to the processes of assimilation, this indigenous remedy, through its influence on the digestive tract, constitutes a most potent medicament. In chronic diarrhœa and chronic dysentery it is used with much success, and in cutaneous eruptions it is a remedial agent of decided merit. The condition of ulcers and old sores rapidly improve under its influence, and it is employed in jaundice and gangrene with good results. The drug is worthy of a much more extensive investigation than it has heretofore received.

Prinos verticillatus is tonic, alterative, astringent and anthelmintic.

MAGICAL DISEASES.*

BY ALEXANDER WILDER, M. D.

One morning in summer a father observed his little child sitting out doors, by the side of the house, eating his breakfast of bread and milk. A venomous snake had crawled up, and the child, unconscious of danger, fed the reptile

from his bowl. As often as he took a spoonful himself he gave one to the snake. The father in alarm procured a club and came near to strike the reptile, when he found himself brought face to face with a new danger. He was afraid to strike the snake lest he should with the same blow, hit the child. In the discussion of the present subject, I am in an analogous predicament, and must be careful while indicating abuses, to avoid criticism of procedures and individuals, that are meritorious and deserving.

Many years ago, a Scotch clergyman of wide and liberal views, published the romance, "*David Elginbrod*." It was religious of course, but at the same time it was also profoundly metaphysical. It depicted a mysterious magic influence which a charlatan exercised over the will and actions of a young woman. He was able, by concentrating upon her the energy of his own will, to make her go to and fro at his pleasure, and by his suggestion and command to compel her to open secret caskets and purloin from them articles of value. After a time, however, she became enabled to free herself from the execrable bondage. But this emancipation was effected with a fearful cost. As in the case of Elsie Venner in Doctor Holmes's story, her vital forces had become combined and interblended with the obnoxious influence, and were not sufficient to abide the separation. Her death followed in consequence.

Another book has been recently published in Chicago, the writer of which has attempted to explain such matters scientifically. He takes the obverse side of his subject, hardly recognizing any other. First of all he sets forth in detail somewhat dogmatically the causes and various characteristics of the conditions which he portrays, and afterward their ulterior effects. Waiving the partnership and apparent

*Read at the semi-annual meeting of the Connecticut Eclectic Medical Association at Hartford, October 13, 1913

one-sidedness which he may seem to exhibit, we are obliged to admit that much that he has described and set forth is too true and too flagrant to be left unnoticed by philanthropic members of the medical profession. The time has passed for ignoring these matters with a sneer, or by a shrugging of the shoulders in affected disbelief.

After half a century of skepticism the reality and genuineness of the mesmeric phenomena, came to be acknowledged by learned men generally. Meanwhile a special department was brought to notice in the new science, and designated "hypnotism." This is defined as a process through which one individual obtains, holds and exercises control over the will of another; and also as the psychic and mental relation existing between the two persons during the hypnotic process. Several writers who have made it a study and matter of experiment have asserted that will-power has nothing to do with hypnotic suggestion, and that the hypnotic subject is in no degree subject to another will. Yet they evidently contradict themselves by the additional statement that hypnotism, or the hypnotic sleep, implies a peculiar condition of mind, in which the mental action and the will-power of a sensitive subject are under the control of an operator who has induced the state. We are also told that this peculiar state may be induced by impressing the mentality profoundly through the senses; that the operator should concentrate his energies and will with earnestness; that he should do this with a cool, collected mind and firm will, while the patient is perfectly passive; that the simple WILL can profoundly overthrow the physical, intellectual and moral organization of another person; that the hypnotised person will become perfectly blind at the operator's will; and that he can be made to sign a promise, draw up a bill of exchange, or any kind of agreement, write a holographic will, and fulfill minutest legal personalities with a manner which would deceive the most expert law officers.

More than this: many individuals can be hypnotised against their will who had never been operated upon before, and it is further asserted in so many words that a person so affected "will ever afterward be your subject."

The "Evil Eye" which is often mentioned as occurring in Asiatic countries is described as effecting similar results. Mr. Jameson who has written of it describes them: "The first effect of the malignant glance," says he, "is to deprive the individuals subject to it of the capability to exercise their will. They are brought under the absolute control of the 'Evil Eye.'"

When the will of an individual is thus made subject to another, or is in any way annihilated, his life as a moral and responsible being is affected to a corresponding degree. He will thereafter be the passive subject of every current excitement, and of every person who artfully seeks to control him. We observe this in the religious world, but it is even more common in other departments of social life. When large groups of people are swayed by the eloquence of an orator, or the appeal of a public teacher, we are not out of the way when we declare the influence hypnotic, rather than the producing of conviction.

An individual thus controlled by another or by emotional excitement, can not justly be considered as entirely rational. But, if we draw this line very closely, we may find ourselves implicated. I remember the motto which I saw many years ago, of a little journal published at the Asylum in Brattleboro.' It read: "*Semel insanavimus omnes*"—all of us have been crazy once.

I am not disputing the beneficial effects of mesmeric treatment. Such results as relief of pain, restoration of normal conditions, and other such accompaniments, can be abundantly sustained on their merits. Other phenomena even more remarkable may be adduced as opening our eyes

to deeper truths and greater capabilities than we had otherwise imagined. But there are also abnormalities of a serious character to be considered.

The nervous structures of the body are the parts directly affected by the hypnotic procedure. We generally notice its effects first upon the cerebrum, as being the brain which has relations the most direct, with the functions of sense. Its natural action is interfered with, and with the experiments often repeated there will ensue a complete anæsthesia and paralysis. During this condition surgical operations can take place without pain. The cerebellum is next to be affected, as being the brain which receives impressions from the other and transforms them into thoughts, convictions and purposes. When there is a paralysis of the functions, the medulla oblongata and the special nerves which centre in it, have also come under the magic influence.

The subject, during the operation and while under the effects, has in a manner parted with his own soul and selfhood, and feels, thinks and perceives as the operator does at the same time.

These three brains, however, with their motor and sensory apparatus, are by no means the sole or even the principal arena of the mysterious procedure. The solar ganglion at the pit of the stomach, with the vital nervous system which originates from it, is affected first of all, and indeed is the principal organism to respond to the peculiar influences, whether these are beneficial or malefic.

The final stage of the hypnotic process, is seldom reached by operators in western countries, but is more frequently exhibited in the East. I will copy the description:

"Every function of the physical organism is wholly arrested. Even respiration ceases. Circulation stops. The body, in some instances, becomes cold and rigid. To every outward appearance, physical death has actually occurred.

* * * Notwithstanding this complete suspension of all

functional activity of the physical organism, the subject is even more intently conscious of every thought, intention and mental impulse of the hypnotist than he is during any of the less profound states of hypnosis which precede this condition."

This account probably explains the cataleptic states produced upon the fakirs who undergo the experiment of being buried alive for considerable periods of time. We also ought to take a lesson from it, and so, perhaps, avoid reporting a person so entranced, as having died, and thus exposing him to the terrible fate of being buried alive, such things do occur.

It is hardly necessary to insist that hypnotising often repeated is almost certain to be injurious to the patient. It is analogous to exhaustive labor, over-eating, and other excesses. Bodily disorder in various forms, and mental disorder in various forms, and mental disturbance are very certain to be the consequence. Numerous examples can be adduced of such results.

A colored youth was persuaded by a professional hypnotist to submit to the operation. He became a most susceptible subject, and travelled with the hypnotist for two years, a helpless instrument in his hands. He then became a raving maniac.

Another young man, the son of a Swedish immigrant was induced to submit to a public test. His life became a living hell. He would try to run away and hide from his tormentor, but in vain. The chain could not be broken. At the end of eighteen months he was a mental wreck, and then the charlatan let him go.

These examples are taken, with other statements from the work entitled: "*The Great Psychological Crime.*"

There are at the present time numerous establishments which profess to instruct in this magic art. They claim to be able to teach how to bring individuals completely under control; even to control them without speaking to them; to hypnotise persons at a distance; to paralyze a subject instantly; to make use of the hypnotic art in ordinary business transactions to individual advantage, and to do a variety of other things. It is enough for us to say, that if such instruction can be imparted, then its dissemination promiscuously or to ill-minded individuals, is a crime; and if it cannot be so given, then the individuals are simply shameless impostors.

The author to whom I have referred, carries his discourse into another field, that of Spiritual Mediumship. While much he says demands the most serious attention, I hesitate to accept many of his sweeping statements. Such men as Sir William Crookes, the late president of the British Association for the Advancement of Science, Alfred Russel Wallace and other savants of like high attainment, concede, after due experiment, that there is a life beyond the present form of mundane existence, and that definite lines of communication between individuals yet in the body and others who have passed beyond, have been established through this process known as Spiritual Mediumship. It is not unreasonable then, for us to treat of these matters as verified facts.

There are many accounts in the Bible of intermediaries of this character, and there is mention also of schools for producing them. Balaam, the prophet, saw a vision, it is stated, "falling in a trance, and having his eyes open." Elisha, on being consulted in an emergency by three kings, called for a minstrel, and as the minstrel was playing, became enthralled. There was a school at Ramah for the training and "developing" of prophets, over which Samuel presided, when King Saul "sent officers at two different times to arrest David, they came under the peculiar enthusiasm, and prophesied." The king afterward went himself, and immediately on his arrival, likewise became ecstatic. His

actions in that condition are plainly described, "He stripped off his clothes also, and prophesied before Samuel in like manner, and lay down naked all that day and all that night."

It should be borne in mind that the Hebrew word for "prophet" signifies, a person in an ecstatic condition, of mind; one raving as though *déranged*, or not in a normal mental condition. The prophet that visited Jehu was called a "mad fellow," and there was a statute in Jerusalem that every man who was mad and made himself a prophet should be put in the stocks. In the Greek and Latin classics raving and trance were characteristic of prophets. Of a character similar to this, and without doubt identical, we may also rank Spiritual Mediumship. We are to accept its existence as a physiological as well as a psychologic fact, and we may examine it likewise from a pathologic point of view. It certainly is something more than or a religious matter or a theme for idle or curious speculation.

It is said that the developing of mediums is effected by procedures substantially the same as those that are employed with hypnotic subjects, and that the results and accompanying phenomena are alike. The brain and nervous structures of the body are affected in similar ways, and the conditions of the mind and powers of will are the same. During the mediumistic procedure the individual gives up the exercising of his own will and voluntary activities, and suffers the mysterious influence to pervade his mind and senses. When any part of our organism is deprived of due exercise it is liable to become permanently weakened, and in extraordinary cases, totally blighted. Children that are excessively restrained and domineered over, are apt to become weaklings in mind and infirm in health as a consequence; and the history of various religious bodies affords many striking examples of an analogous character. A despotic government exerts an influence detrimental to the life and stamina of the people; and so injurious is meddling legislation with its invasions of the rights of citizens that even in republics it is a maxim sacred as Holy Writ: "The

best government governs least." It may readily be seen accordingly in the case of the spiritual medium, as well as of the hypnotic subject, when the procedure is maintained till it becomes a habit, that he will be very liable to be made incapable of again attaining a normal, healthy condition of mind and body.

The principal difference between mediumship and hypnotism is supposed to consist in the agencies that have the control of the subjects. The hypnotic patient is dominated by the mind and will of the operator. The medium is supposed to be directed and inspired in an analogous manner by a spiritual "control"—an individuality, or several individualities, that belong to the region beyond this world of physical sense. He becomes a medium through the yielding of his own will to the mysterious agency. Such being the case, it seems to be a plausible suggestion, that every individual who fails to control properly his own thoughts and inclinations, will be liable at unguarded moments to such obsessions and to fits of abnormal passion and excitement. We certainly witness many examples that favor such an hypothesis.

There are kinds of mediumship, or of what is assumed to be mediumship, that may hardly be mentioned with favorable consideration. They are mentioned now as being really exceptions to this discussion. Some of the individuals in this category are merely vain aspirants for some kind of recognised superiority; others are charlatans who deal in fraudulent exhibitions. Others are sensualists of a vile character. Then there are professional mediums who are engaged in the business for the sake of pecuniary profit. They offer to instruct how to succeed in business, how to guard one's self against others, how to get individual advantage, and to gain one's ends without difficulty. It will not be just to class these as in any sense representative characters, or to set down others as of the same mold. All religious bodies have their two classes, their right and left hand, and it will not be fair to enumerate the better with the others. In

fact, I am considering the subject only as it comes within the province of the medical profession. I do not consider mediumship as intrinsically bad, for we are all mediums in a certain way; but am only endeavoring to set forth candidly and intelligently what may be abnormal and pernicious.

All unrestrained passion and emotion constitute a susceptibility to mediumistic obsession. The playing upon the passions as is often done by public speakers, tends directly to produce this condition.

Such phenomena as the hearing of voices, the seeing of objects, and even telepathic thinking, are not beyond the province of natural causation. All impressions from without are made upon the optic thalami and corpora striata, and transmitted therefrom to the brain. They are at once transformed into conceptions and projected as objects of sight, sound or feeling. There may also be such impressions made upon those organs from interior sources and they will then be projected in a similar manner. Persons' thoughts have been perceived by others as words uttered aloud, or as objects before the eyes; and individuals have seen objects and heard voices from interior impressions. All that is now in question is whether there are not other agents capable of similar creating and projecting of voice and vision.

In mediumship, as in hypnotism, the effect is first manifested upon the cerebrum. With a deeper influence the cerebellum is involved, and when it is still profounder, the medulla oblongata. At this period there is trance or catalepsy, paralysis of the senses, and to a great degree, of the entire bodily organism. "I fell, at his feet as dead," says the writer of the *Apocalypse*. "I saw this great vision," said the prophet Daniel. "And there remained no strength in me, for my comeliness was turned into corruption, and I retained no strength; yet heard I the voice of his words, and when I heard, then was I in a deep sleep on my face, and my face toward the ground."

If the mediumistic procedure is too often repeated, or too long maintained, there ensues many times, complete pros-

tration of the nervous systems. The ganglionic centers which minister life and energy to the body are affected, and the whole organism participates in the pernicious influence. There is very sure a whole series of evils to follow, such as atrophy of the nervous structures, weakness, enervation, morbid emotions, disease, decay of body and mind.

Jaccoliot, for many years an officer in India, describes a native, a fakir, and evidently a medium. He saw the man perform many feats which seemed to him to be far beyond our common faculties. A few seasons afterward he encountered the same man in a public institution. He was shriveled, broken down and almost idiotic. The late Cyrus O. Poole, a spiritualist whom I once knew, made the remark that mediums often "petered out."

In fact, there is an excessive expenditure of vital energy, both in mediumship and in hypnotism. Yet at the same time the mental faculties become more or less inert from not being normally exercised. A result is that the passions and emotions are liable to be inordinately intensified, and the sense of moral obligation, at the same time correspondingly weakened.

There is, however, a disposition apparent to exaggerate whatever may be repugnant in the case. Thus one writer affirms his belief that fifty per cent. of all the insanity in the United States and European countries is the result of the mediumistic process. He qualifies his statements, to some degree, however, by an explanation that the various forms of Hysterical Insanity, Religious Insanity, Religious Mania, Emotional Insanity, and so-called "Delusional Insanity" of all kinds and degrees might all be included in one general class and properly designated as "Mediumistic Insanity" or "Subjective Insanity."

This looks very much like an attempt to make mediumship odious by agglomerating with it, and so imputing to it every instance of mental disorder, however remote the causes may be in other respects. It illustrates the remark of Herbert Spencer: "Opinion does not arise from logic, but from

wishes." There is often an unconscious bias produced by pecuniary interest, as well as by professional and partisan prejudice. I am not able to judge of the fairness of the opinions which have been given, but I am far from being convinced of the impartiality of those who give them. Besides, many individuals outside of lunatic asylums are not sane, and many who are confined in them are not insane.

Sydenham tells us that when a particular epidemic is prevalent, diseases generally have a tendency to take a form resembling it. There is a peculiarity, likewise in men's minds that the one subject which they may be contemplating includes all others. We are flooded with pamphlets and essays to show particular causes of disease which embrace the whole category, or at least a very large number of the current complaints. Abernethy used to talk of indigestion, others say malaria, the Danbury firm talks of uric acid. So, it would seem, is the case with the men who ascribe so many of the causes of insanity to spiritual mediumship. Like the writer already referred to, it is probable that they are ready to give the designation to various forms of mental aberration, which the genuine Spiritualist will not admit: such as mania and illusions, religious excitement, hysteric paroxysms, and emotional disturbance generally.

Enough has been advanced, however, to demand a thorough examination of the whole subject. We should be able, as Macbeth required, to "minister to a mind diseased," else it might be as well to "throw physic to the dogs," and leave the medical art to men of the calibre and moral standing of Romeo's apothecary. But in order to minister to a disordered mind with any hope of benefit, it is essential to have an intelligent conception of the malady. In times past it was a practice to consider the causes of mental disorder as mysterious and unknowable, and to relegate them to the realm of magic influence. Yet they are knowable. The subjects which we are considering are actual things, and may not be put out of notice by a sneer, or disposed of by pronouncing them delusions of fancy, which only credulous persons recognise—Mediumship as well as Hypnotism is a psychic and a physiological fact, whatever may be its actual cause, and we must accept it accordingly.

SOCIETY NEWS.

TEXAS ECLECTIC MEDICAL ASSOCIATION.

The twentieth annual meeting of the Eclectic Medical Association of the State of Texas convened in K. P. Hall, Waco, Texas, Oct. 12th, 1903.

This meeting was called to order at 10 a. m., by Dr. D. W. Holmes of Bellevue, president of the Association.

The invocation was then pronounced by Dr. J. B. Eskridge of Texas Christian University which was an eloquent one.

The mayor was unavoidably detained and the address of welcome was postponed until he could be present.

The following are the officers of the association who answered the roll call: D. W. Holmes, president, Bellevue; Jason Tyson, vice-president, Santa Anna; W. E. Bridges, second vice-president, Gober; M. E. Daniel, treasurer, Honey Grove; W. M. Tucker, Flatonia; B. E. DuVall, McGregor; J. O. Lanius, Bonham; corresponding secretaries. At the roll call of officers, Secretary Hudson read the minutes of the previous meeting which were adopted as read.

The president then announced the appointment of the following committees.

Press Committee—Drs. W. E. Briggs, Gober; J. C. Tyson, San Antonio; G. A. Tyler, Bettie.

Credentials—Drs. H. W. Gates, Waco; C. P. Smith, Canton; J. N. White, Queen City.

Auditing Committee—Drs. G. Helbing, Bonham; W. S. Haines, Tillman; D. N. White, Queen City.

After the announcement of the committees the secretary made his report. It showed the organization in good condition and that the membership was growing.

Afternoon Session, 2 p. m.—First came the president's address, an able and dignified discourse upon the vital points of the needs, duties and rights of the profession.

Preliminary business having been disposed of, sectional work was taken up.

Section I. *Materia Medica and Therapeutics*—Chairman, P. A. Spain, Paris; vice-chairman, J. M. Baker, Nolanville; secretary, E. L. Fox, Houston.

The following papers were read and discussed: *Purgatives, Their Use and Abuse*, J. A. Lanius, Bonham. *Appendicitis*, W. E. Briggs, Gober. *A Case of Purrelent Catarrh of the Sinuses of the Antreum of Highmore*, C. D. Hudson, Waco. *Therapeutics*, D. J. Thomas, Dalhart.

Section II. *Practice of Medicine*—Chairman, J. N. White, Queen City; vice-chairman, W. E. Bridge, Gober; secretary, W. M. Tucker, Flatonia.

Pain and its Treatment, Jason Tyson, Santa Anna. *Hematuria*, P. W. Van Zant, Dolby Springs. *Typhoid Fever*, P. W. Van Zant, Dolby Springs.

Section III. *Gynecology*—Chairman, W. J. Bell, Gainesville. *How to Prepare a Woman Confinement*, L. S. Downs, Galveston. *Some Thoughts on Obstetrics*, Mary B. Morey, Gonzales.

Section IV. *Diseases of the Eye, Ear, Nose and Throat*—Chairman, G. W. Johnson, San Antonio; vice-chairman, Chas. Dowdell, Ennis, secretary, M. E. Daniel, Honey Grove.

The medical Profession, G. W. Johnson, San Antonio. *Anatomy of the Eye*, G. W. Johnson, San Antonio. *X-ray in Eye Afflictions*, L. S. Downs, Galveston.

Adjourned to meet at 9 a. m. Resumed business promptly at 9 a. m., and was then given a hearty welcome by Prof. J. B. Eskridge of Waco, who not only displayed wonderful critical capabilities and erudition, but grit and pluck sufficient to dare to publically commend Eclecticism and proclaim it for in the vane in the therapeutical accomplishments.

Dr. G. W. Johnson in his usual happy mood responded as follows:

In behalf of the Texas Eclectic Medical Association,

and the individual members, I thank you for the kind words just spoken in welcoming us to your beautiful and progressive city. It is great encouragement to any organization or individual to have kindly words spoken in their behalf.

The interruptions and disappointments that naturally occur in life need that stimulus coming from kindly words spoken to bridge over the chasm that separates disappointment and the desire to further the individual advancement. No greater pleasure could be man's than to give encouragement to his fellow-man. With this feeling within us we meet our fellow-man, and promise him our support to the end of giving our associates that assistance which will make each of us a better citizen. The beauty of individual character and personal worth is enlarged upon by that association which offers assurances of support and moral encouragement. In this atmosphere, we as individuals, breathe the inspiring ozone that gives us individuality and self-respect.

The excuse we have to offer for having met in your city is that we like to meet good people who have kind words for us and who live in thriving and progressive cities.

You may ask, what the difference between our school of medicine and other schools; the only difference in schools or systems of medicine is in the therapeutic application of drugs. That our school has a therapeutic individuality based upon scientific principles we claim, which the experience and investigation of scientific men have substantiated.

I believe that we have been accused of being the opposing element in the medical profession. This is an injustice to a large number of honest and scientific investigators. Those of the eclectic faith who have been the leaders in our school have ever shown, not only a willingness, but a desire to give due credit to all who have contributed to perfecting the healing art.

At the beginning our physicians were very much occupied with the vegetable products of the U. S. Their zeal in this particular has not in the least diminished, with the re-

sult of giving to the medical profession many valuable and practical scientific truths along the lines of therapeutics. I don't wish to be understood, however, to state that our physicians confine themselves to vegetable products. They have shown a desire to procure information from any and all sources therefore have drawn largely upon the mineral world for therapeutic assistance.

Much has been said about preventive medicine. Investigators along this line have given us valuable information. We have ever given our support to investigation in this direction. We also believe that direct medication for direct effect deserves consideration on this category. We feel that by sustaining the vital forces in due efforts to cure disease much can be done towards preventing other and possibly severer diseases.

Again, we feel that that branch of medicine, surgery, which has attracted so much attention and thought the past few years can be greatly assisted by proper regard for drug action. To my mind properly selected drugs for a direct effect renders surgery great assistance and is the cause of surgical operations proving more successful now than in former times. It is true that a better knowledge of sanitation and antiseptic, have come in for consideration in surgical cases, but it is no less true that drugs selected with an understanding of their physiological and therapeutic action have assisted material in bringing about the present results.

Again, allow me to thank you for your welcome. I trust that the deportment and conduct of our members while in your city will not cause you to regret our having met with you.

Then our ever ready, soul invigorating, heart touching and brain inspiring good and loyal friend Prof. J. U. Lloyd, by invitation, stepped to the front and electrified all by his hypnotic magic and practical good sense.

Report of Committees.—The committee on Necrology passed resolutions on the death of Drs. A. Standlee, Santa Anna; J. M. Williams, Stephenville, and Professor Locke, Cincinnati, Ohio.

The committee on credentials reported favorably on the following: Drs. G. M. Williams, Rosebud; Chas. W. Watson, Lannius; C. A. Lanier, Ft. Worth; W. C. Ament, Moody, and W. O. B. Remy, Wilmer.

The auditing committee reported, finding the books of the officers of the association correctly kept, and finances in good condition with plenty of cash on hand.

Dr. C. D. Hudson of Waco, presented an interesting clinic with an abdominal tumor.

Section V. Miscellaneous—Chairman, L. S. Downs, Galveston; vice-chairman, B. E. DuVall, McGregor; secretary, H. W. Gates, Waco.

An Ideal Country Doctor, J. N. White, Queen City. Shall We Join the Regulars, G. W. Johnson, San Antonio. Is the Practice of Medicine Sufficiently Remunerative? Jason Tyson, Santa Anna. Woman's Advantages and Disadvantages in the Practice of Medicine, M. B. Morey, Gonzales. Medical Jurisprudence, Chas. Dowdell, Ennis. The One Thing I Know and Can Do Best in Medicine, M. W. Pitts, Rosenberg. The One Great Need of Eclecticism, H. H. Blankmeyer, Honey Grove. The Little Things in Practice, E. J. Cowles. The Crank in Medicine, G. Helbing, Bonham. Ft. Davis as a Health Resort, L. S. Downs, Galveston. Electricity and X-Ray, L. S. Downs, Galveston. The Business Side of the Practice of Medicine, E. D. Cowan, Cromwell. Dr. McIntyre, Big Springs, presented an interesting clinic.

The association adjourned for supper, after which a night session was held at Dr. C. D. Hudson's, resulting in the election of officers for the ensuing year, as follows: Drs. H. W. Gates, Waco, president; W. E. Bridge, Gober, first vice-president; W. R. Fowler, Pottsville, second vice-president; L. S. Downs, Galveston, secretary; M. E. Daniel, Honey Grove, treasurer; Geo. A. Witte, Lovenia, and Mary B. Morey, Gonzales, were elected corresponding secretaries.

Representation to National—G. W. Johnson, M. E. Daniel.

Section V continued.—Should an Eclectic Affiliate with the Allopaths? M. W. Henry, Weilder. Psychology in Medicine, W. R. Fowler, Pottsville. The Texas Eclectic Medical Association, W. J. Bell, Gainesville. Anti-Diphtheritic Serum, M. E. Daniel, Honey Grove.

G. W. Johnson, G. Helbing, M. E. Daniel, were appointed a committee on necrology and submitted the following resolutions, which were adopted:

“Whereas, the Eclectic School has suffered an irreparable loss by the death of our beloved Professor and benefactor, F. J. Locke, M. D., of Cincinnati, Ohio, therefore, be it resolved, by the Association that we deplore our great loss as a school and as individuals, and that we condole and mourn with his wife and loved ones in their sorrow and distress.

• As it has pleased the Almighty in his wisdom to remove from our midst our dear brothers, Dr. A. Standlee, and Dr. J. M. Williamson, be it resolved that in their death our cause in the state has suffered a great loss and our school two staunch supporters and friends.

Resolved that the above resolution be spread upon our minutes.

M. E. Daniel, M. D.

G. W. Johnson, M. D.

G. Helbing, M. D.

The following resolutions were adopted:

Resolved, that it is the sense of the Association that the physicians of Texas should be granted a separate medical examining board.

Resolved, that all members in arrears for dues for three or more years be reinstated on the payment of five dollars.

Resolved, that P. W. VanZant, M. D., of Dolby Springs, be exempt from further payment of dues to this Association.

The following physicians were elected members of the Association: T. J. Cherry, Timber; Chas. W. Watson, Lan-
nius; W. O. B. Remy, Wilmer; W. M. Williams, Rosebud;
W. C. Ament, Moody; C. A. Lanier, Fort Worth; J. A.
Witte, Moody.

TREASURER'S REPORT.

Receipts.

Balance on hand, Oct. 13,	-	-	\$167.20
Collected during session,	-	-	87.00

Disbursements.

To president for expenses,	\$	5.00
To treasurer,	-	8.61
To secretary,	-	35.80
Incidental expenses,	-	29.25

\$78.66

Balance, \$175.54.

October 15.—Meeting called to order at 9 a. m., by president. Sectional work was resumed. Many interesting and instructive papers were presented and read which elicited general discussion. A real medical love feast followed, and after several hours of scientific and practical consultation, the Association closed its labors of one of the most enthusiastic well attended and profitable, social and business meetings the Eclectics of Texas have ever held.

The press, the physicians of Waco and their friends vied with each other to make our stay in the city enjoyable and profitable. Never have been so royally entertained by the local profession and each one present goes to his or her respective home with a better feeling for Eclecticism, a broader conception of medicine and humanity and a warmer feeling in their hearts for brothers Gates and Hudson, and their good wives.

The association voted to hold its next meeting in the world renowned "Sea Wall City," October, 1904.

Already fifty have promised to be there. Prof. J. U. Lloyd with his good wife and lovely daughters will be there. A delegation from every college, city in the U. S. will be there. Won't the succulent bivalves, the festive crab, little miss shrimp and the toothsome red snapper, canvas back and soft shell turtle have an everlasting grudge against the secretary though?

G. W. GATES, M. D., President.

L. S. DOWNS, M. D., Secretary.

The American Medical Journal.

MONT. M. HAMLIN, M. D. Editor and Proprietor.

Contributions, Books for Review, Exchanges and other communications should be addressed to The American Medical Journal, 2900 Lawton Avenue, St. Louis, Mo.

\$1.00 A YEAR IN ADVANCE.

SINGLE COPY, 10 CENTS.

EDITORIAL.

"HISTORY OF MEDICINE."

Dr. George W. Brown, of Rockford, Illinois, writes:

"The 'History of Medicine' is a treasure. I have long coveted it and shall now read it with twofold interest. First, the History of Medicine must needs be the history of human progress. The modern developments of that Science has kept pace with advancing knowledge, and the ablest men of all ages, they who have done most to advance the sciences, have been the most skilled in medical lore. While the clergy have been very metaphysical, dealing largely in abstractions, medical men have been practical. I see that there is much to be learned from this book in regard to that branch of medicine in which I was specially educated—the Eclectic. The few pages which I have already glanced over in regard to that sect of practitioners, have been highly instructive.

"Second. My interest in the book is greatly enhanced by my acquaintance for many years, by letter, with the author. With his profound research in every department of literature in which he delves, he could not make an uninteresting book. And in this work I see Professor Wilder at his best."

Dr. G. W. Brown was conspicuous in Kansas during the conflicts which ended in making the territory a free state. He was editor of the Herald of Freedom, at Lawrence, and co-operated energetically with Governor Robinson and others to bring about that result. He afterward engaged in the study of medicine, attending lectures at Cincinnati and Phil-

adelphia. He practiced medicine first in Western Pennsylvania, but removed to Illinois. He has published several monographs, giving particulars of the memorable events in Kansas, among them the acts of John Brown whom he describes in no favorable terms.

We have a few copies of History of Medicine by Prof. Wilder, which we offer to our subscribers on the following terms: First, to any old subscriber sending us \$2.50 on or before December 25th, 1903, we will advance his subscription one year and send him one copy of Wilder's History of Medicine, as a premium. Second, any one who is not now a subscriber to the American Medical Journal, sending us on or before January 1st, 1904, \$2.50 we will send the Journal one year, and a copy of Prof. Wilder's History of Medicine.

THE ECLECTIC MEDICAL ASSOCIATION OF CONNECTICUT.

Through the kindness of Prof. Alexander Wilder, M. D., we are enabled to publish in brief the transactions of the Connecticut Eclectic Medical Association, to-wit:

The Eclectic Medical Association of Connecticut, met in semi-annual session, at the Allyn House in Hartford, October 13, 1903, the president, Dr. Leonard Bailey of Middleton in the chair. The usual routine business having been transacted, cases in practice were reported. Dr. Alexander Wilder read a paper entitled "Magical Diseases," which evoked a general discussion.

The little daughter of Dr. Hinkley, of Waterbury, seven years old, gave a recitation, setting forth the anatomic structure of the body. She had learned her lessons well, and pronounced the technical terms with wonderful distinctness. She began her studies last July, and seems to have an ardent passion for the knowledge.

At the afternoon session, Dr. Dever, of Waterbury, read a paper on "Nervous Deafness," which evoked much interest. Dr. Royal E. S. Hayes, of Hazardville, also read a paper on Pulsatilla, which was substantially Homœopathic in its views. It gave a very full statement of the uses and potencies of the drug, and the Association gave him a vote of thanks.

The Association then employed the time in reports of cases and discussion of remedies.

The annual meeting will be held at Hartford, the second Tuesday in May, 1904.

We had the pleasure of meeting, at the Southern Hotel, St. Louis, Oct. 27th, quite a number of the representative Eclectics of the country, who were here looking after the interests of the National Eclectic Medical Association. Profs. R. L. Thomas, president the National; Finley Ellingwood, secretary National; W. T. Gemmil, treasurer National; also, Profs. Jno. Uri Lloyd and Jno. K. Scudder, of Cincinnati, Drs. J. V. Stevens, of Wis., McElvane, of Iowa, and Prof. F. L. Wilmeth, Lincoln, Neb., and some others whose names we do not now recall. The officers of the National are very enthusiastic and do not hesitate to predict a record-breaking meeting of the National in St. Louis next year. Missouri Eclectics must arouse and leave no stone unturned to make this the greatest meeting in the history of the association.

Dr. T. Arthur Wright, E. M. I., 1867, Americus, Kas., sends renewal for 1903 and 1904, and says: "I believe I have every number of the American Medical Journal since Pitzer's first issue until the present. The years admonish that time is rapidly passing and I may be the next to cry 'ship-a-hoy;' I'm in the harness yet and do not gall much, so I have no thought to stop working or quit reading the Journal, --*Long may it live.*"

We appreciate these words from Dr. Wright more than we can express. We wish the Doctor well and venture to hope for him many more years of usefulness in the "harness." We love to sit at the feet of these old veterans and hear them tell of the "days gone by" when eclectics had to struggle for an existence.

Prof. G. E. Knapp, M. D., is enjoying a few days outing, hunting and fishing, of course. The editor will be remembered upon the Doctor's return and we expect to be all swelled up next week from eating quail on toast.

Owing to a combination of circumstances over which we had this month—but we will get there just the same with

about the best number in the history of the Journal—the editor being very busy and out of the city much of the time recently, hence the delay.

Dr. Jno. B. Standlee, a brother of Prof. E. L. Standlee, member of the senior class American Medical College, subscribes for the Journal, and says: "I can't get along without the American Medical Journal." Right you are, Doctor, it's a whole library and helpmeet to any young Eclectic.

Our old-time friend, Doctor G. W. Vernon, Dexter, Mo., was in the city last week, and did the right thing by the editor, in fact he set his figures "away ahead." Dr. Vernon is doing a fine business, in fact he and Dr. Goad, of Birney, Mo., are doing the largest business in all "Swamp-east Mo." They are *American* boys. See?

It is a pleasure to meet any of the old boys with whom we attended college. We greatly enjoyed such a meeting last week with Dr. A. M. Doyle, of Leoti, Kas., who graduated at the American, 1882. He was at the college making inquiries about Profs. Pitzer, Younkin and Merrell. He is well fixed, having been at Leoti now eighteen years. He does an enormous business.

Doctor, Do You Know

That money invested in lead makes the best, safest and most permanent investment? Why? Because lead is the only staple mineral in the United States to-day for which the demand far exceeds the supply, and lead mines, unlike gold, are usually inexhaustible: they pay enormous and permanent profits on the production.

The Famous Old Ryland Mine

The greatest lead-producing mines in Arizona, and perhaps the world, have just been released by the administrators of the Ryland Estate and purchased by the Arizona Mining & Development Company.

\$1,500,000 worth of ore is now on the dumps and blocked out in the mines.

This property was a big producer in former years, is at present worth millions and the ore supply is practically inexhaustible.

For The Next Thirty Days

A limited amount of this stock will be offered to the public at 20 cents per share, par value \$1.00.

No subscriptions accepted for less than five dollars.

Make all remittances to and for detailed information, call or write,

The Standard Stock & Bond Company, Inc.,

FISCAL AGENTS,

515 MISSOURI BLDG., ST. LOUIS, MO.

PUBLISHER'S DEPARTMENT.

AN INTERESTING CLINICAL CASE.—X, a white woman, 22 years of age, was taken into the hospital on account of syphilitic skin disease (roseola papula); a blennorrhagic vaginitis of most violent description with strong congestion of the mucous membranes of the vagina. The latter was of violent hue, somewhat brittle, and yielded abundant secretion of a greenish yellow pus, which showed under bacteriological examination abundant colonies typical of gonococcus, diplococcus and other varieties of bacteria. The gonococci infection reached to the neck of the uterus whose tissues suffered from the same degeneration as the vagina. Above the mouth of the neck,—from which a greenish yellow and somewhat thick pus oozed—was a syphilitic ulcer of the size of a dime, clean at the bottom, livid in color and rather deep.

Upon careful examination, the patient was found to be pregnant in the third month; and, from the start, was subjected to energetic treatment as a serious case.

Under the treatment employed she improved rather well; but, though the blennorrhagia was not cured, the syphilitic manifestations of the skin disappeared, and the ulcer at the neck improved somewhat, until confinement which took place at the eighth month, five months after her admission.

The confinement was normal. However, the patient was attacked by a great flux and suffered a complete laceration of the right side of the neck; an incomplete laceration of the left side; an incomplete laceration of the rear wall of the vagina; and a two-thirds laceration of the perinaeum. The placenta was removed at once; ample warm washes of a one per cent. solution of permanganate of potash were applied and the uterus was stimulated by massage, but remained inert. All this was reported to me by the house physician. I arrived at the hospital four hours later in company with the well-known gynecologist, Dr. Mendez Capote, who, upon having examined the patient, decided to sew up the lacerations. He washed out the vagina and uterine cavity completely; adjusted with the scissors the edges of the lacerated tissues; sewed up the wounds and touched the ulcer at

the neck with the cauterizer; then he gave another wash and plugged with iodoform gauze.

When the patient was on the operating table, she had fever, 38.4°C . At 5 p. m., the fever was at 39° ; then the vaginal plug was taken out and a great intra-uterine wash of a one-half per cent. solution of permanganate was applied very hot in a quantity of five liters. The fever was at 40° throughout the night, and washes were given every four hours.

The following day, at 8 a. m., temperature 40° , same local treatment. The fever lasted all day, falling to 39° by the wash, but rose again to 40° .

The day thereafter, fever at 41° ; same treatment with more vaginal washes of bichloride of mercury, before the uterine washes; the fever keeps on at 41° .

On the next day at 8 a. m., (temperature 41.5°), I took out the stitches made on the day of confinement, washed well both uterus and vagina, dried the latter with carbolated cotton and conveyed into the uterine cavity eight grammes of pure Hydrozone, taking care that this liquid should flow towards the vagina, into which I poured about 60 grammes of the same liquid and drained the uterus with simple gauze saturated in Hydrozone, while the vagina was drained by the same means.

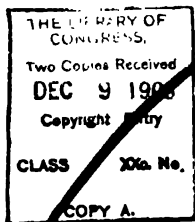
From that time on the fever declined slowly, and at 6 p. m., it was apyretic. The fever did not return and the patient's cure proceeds without further difficulty.

This case, which is interesting by itself, proves of great value in setting forth two points, viz.:

1. That, although the intra-uterine injections of pure Hydrozone may be dangerous, it can be applied if care is taken to keep the neck dilated as much as possible.

2. That in this case the superiority of Hydrozone over the other treatments of puerperal septicaemia, in connection with gonococchia, is indisputable; and that this splendid result should encourage repetition of its application.*—Dr. Matias Duque, Director of the San Antonio Hospital, Section of Hygiene. Abstract from the *Revista Medica Cubana*, April 14, 1903.

*The son of the patient suffered from blennorrhagia in the eyes. He was treated with one-fourth per cent. solution of permanganate and instillations of pure Hydrozone twice daily, alternating with canterizations of 40 per cent. solution of nitrate of silver; and he kept his sight.



THE AMERICAN MEDICAL JOURNAL.

VOL. XXXI.

DECEMBER, 1903.

No. 12.

ORIGINAL COMMUNICATIONS.

NERVOUS DEAFNESS.

BY H. J. DEVER, M. D. AND SURGEON.

This term was formerly very loosely applied; under it were included the affection just described, catarrh of the middle ear, as well as several others affecting the inner portion of the apparatus of hearing. There are, however, certain conditions which may be properly described as "Nervous Deafness"—that is, deafness due to a disease of the nervous structures essential to hearing.

The perception of a sound involves a somewhat complicated process. As it ordinarily occurs, this process is as follows: The vibrations of the air cause a tremor of the curtain which is placed across the inner end of the bony channel of the external ear; there lies in contact with the inner surface of this membrane a small bone shaped like a hammer; this is the first of a chain consisting of three small bones lying in such close contact that a slight movement of one is communicated to the other.

The third bone of this chain lies in contact with another membrane, which closes a bony channel filled with fluid. In this fluid—arranged in a somewhat peculiar way—rest the ends of the nerves of hearing. A vibration therefore which sets the membrane of the drum of the ear in a tremor, is transmitted along these bones to the membrane closing the

inner bony canal, and through this membrane it is communicated to the liquid in which the nerve-ends lie.

The effect produced upon these nerve-ends by the little wave into which this liquid is thrown, causes in the individual the perception known as hearing. In order that this effect shall cause an impression upon the consciousness, it must be transmitted along the nerves of hearing to the brain. It is evident, therefore, that there are many opportunities for derangements of an apparatus so complicated as this. Some of these have been already mentioned.

A catarrh of the middle ear, for instance, causes such a thickening of the membrane of the drum that it does not vibrate so readily, and hence does not transmit sound to the nervous apparatus. An accumulation of wax in the external ear causes deafness by preventing the air from reaching the membrane of the drum. There are also diseases which affect the nervous part of the apparatus and cause deafness, although the drum of the ear and all its belongings may be perfectly healthy and in natural condition. Such cases are, therefore, termed nervous deafness. Such instances usually occur as the result of diseases affecting the brain and the membranes which cover it. Thus deafness is frequently the result of "inflammation of the brain" and of cerebro spinal meningitis. It occurs, too, as a sequel to scarlet fever, and to other infectious diseases.

SYMPTOMS.—Nervous deafness can be recognized as such only by the absence of all symptoms which would indicate a disease of the other parts of the ear. When it is found, upon close examination, that the membrane of the drum of the ear, as well as this cavity itself, and the various channels leading to it are all in a perfectly natural condition, it may be inferred that whatever deafness exists is due to disease of the nerves concerned in hearing.

This suspicion is in most cases confirmed by the history of the patient, since he has usually suffered from brain fever

or other severe disease which is known to occasion destruction of the sense of hearing. Such an opinion can, of course, be established only by a surgeon; yet the nonprofessional observer can usually form a pretty accurate idea of the nature of the deafness in the following simple way: The individual is, we will suppose, quite deaf in one or both ears—usually in both, if the deafness be of nervous origin. Now let a tuning fork be struck against the table, and its handle held to the teeth of the individual, or placed against the head just behind the ear. If the cause of the deafness be located elsewhere than in the nervous part of the apparatus, the individual will now hear far more distinctly than when the tuning fork is merely held near the ear without touching it. If on the contrary, the difficulty be located in the nervous apparatus, the patient will not observe any marked difference when the tuning fork is held in contact with the head. The reason for this is, of course, evident. The nerves are the organs absolutely essential to hearing; the bony part of the ear and the membrane of the drum are valuable merely to conduct the waves of air so that they shall affect these nerves. Now, vibrations are also well conducted by the bones of the head and therefore by the teeth; hence, if the individual hears decidedly better when the tuning fork is placed against the bones of the head than he did before, it is evident that the fault is in that part of the hearing apparatus whereby the vibrations are transmitted to the nerves, and not in these structures themselves; if on the other hand, the patient can not hear distinctly when the tuning fork is held to the teeth, it is evident that the fault must lie, not in the conducting apparatus, but in the nerves themselves.

TREATMENT.—When it is definitely decided that the deafness results from disease of the nerve structures of long standing, all treatment may be abandoned; no means are known whereby these diseased nerves can be restored to their natural condition. Almost all the drugs known to the

profession, and all other means, including electricity, have been employed in vain to remedy this unfortunate condition. Yet it should never be assumed that this is actually the cause of the deafness until no further possibility of doubt remains; if the disease be located in any other part of the ear, there is always hope that faithful and persistent employment of proper remedies may at least improve, if not entirely relieve the deafness.

**SHOULD REFORM PHYSICIANS AFFILIATE WITH
THE ALLOPATHIC SCHOOL BY JOINING THE
AMERICAN MEDICAL ASSOCIATION OR
ANY OF ITS TRIBUTARY ORGANIZA-
TIONS?**

BY M. W. HENRY, M. D.

I answer emphatically no. The policy would surely be suicidal to the reform movement. The suggestion comes from the enemies of reform and is in the interest of the dominant school in medicine. All history teaches us that in all cases of affiliation, fusion or assimilation the minority parties drop out of sight and thereafter it is the majority party only that is known to the public. The terms of affiliation, fusion and assimilation are not exactly synonymous but each one has been used with great efficiency to stamp out minority parties and stifle their voice in politics, religion and medicine. The Allopaths who are now singing syren songs to and heaping fulsome flattery on reformers to induce them to come into their organizations have for three quarters of a century waged a relentless warfare against these same reformers, applying vile epithets, slander, calumny and falsehood, until they had exhausted the vocabulary of billingsgate. This all failed to stop the progress of reform and then they invoked the strong arm of the law to check the reform movement and again have ignominiously failed and now

they have suddenly changed their tactics. Why is this wonderful change of policy? Have they, like the vile sinner at a Methodist camp-meeting suddenly been converted from the wickedness of their former ways and repented of their evil practices and sincerely resolved to be less selfish, more liberal and tolerant of the views of others who differ from them; in short to be better men. This might be true of a very limited number of its best men but when they tell us that it is true of the American Medical Association and its tributary bodies with a membership of fifty or sixty thousand, the claim sounds pharisaical and it is wholly incredible. These bodies are presided over for the most part by bigots and tyrants who have sought the preferment for selfish motives that they might exercise a little brief authority over their fellow practitioner and that they might have greater influence in framing proscriptive legislation. They first demand that we drop our distinctive names and the next step would be to require our colleges to relinquish their distinctive names and join their college associations. This being all accomplished, all reformers would find themselves bound hand and foot and completely at the mercy of their bigots and tyrants of the Old School which past experience has proven to be the mercy of the spider to the fly, when it becomes entangled in his web, or that the wolf shows to the lamb when he gains entrance to the sheepfold. Once the Allopaths had undisputable control of the profession, bad constrictor-like they would begin to tighten their coils around their victims until they had pressed out of them the last vestage of life, as reformers.

I am one of those who do not believe that it is desirable, even if it was practical, to have the medical profession centralized under one general head throughout a nation. I believe that the effect would be to establish one of the grandest monopolies existing in the world. It would tyrannize over all liberty-loving, liberal minded and humane physicians. It

would say to the physician: thus far shalt thou go in the exercise of thy discretion, humanity and charity, to your patients but no further, for the interests of the profession demand your restraint. I believe that it would result in the establishment of a tyranny over the medical profession and the general public which would be onerous to be borne. My reason for believing this is that all history teaches that where absolute arbitrary power has been vested in a body of men it has in all cases been abused and judging the Allopathic school of medicine by its past record I cannot hope for less than the gross abuse of absolute power if vested in their hands.

I believe that sectarianism in medicine is in the interest of the general public and all liberal-minded and humane physicians who really desire the welfare of their patients. Toleration in medicine has a somewhat similar influence in correcting abuses in the medical profession that it has on the ethics of churches in countries where there is religious toleration. What has been the principal stimulus to the wonderful progress made in the practice of medicine in the United States during the nineteenth century. I cannot see how any intelligent observer can doubt for a moment that the rivalry or friction between the different schools of medicine have contributed far more to it than any other single factor. If there had been no reformers in medicine like King, Beach, Morrow and their compeers, to protest against the murderous treatment given to George Washington and tens of thousands of others less conspicuous, suffering from similar diseases, scattered over the country, that practice would, perhaps, still be in vogue and the public would still believe that nothing better could be done to check the terrible fatality of this class of diseases, but when these reformers demonstrated that such merciless treatment was not only wholly unnecessary but was even very destructive to life, it was an object lesson which even the

Old School moss-back (or regular, as they choose to call themselves) could not disregard for public sentiment in unmistakable terms demanded that they modify their treatment. Even the Allopathic materia medica has been greatly enriched by filching well proven and thoroughly tested remedies from the reform materia medica without giving proper credit for the same and in most cases they have had the effrontery to claim them as discoveries of their own. Do you say that such acts were discousteous and dishonorable? I admit it but it is with these and such as these that we are asked to affiliate and the proposition bodes nothing but evil to reform and the public weal. Reformers, and especially Eclectics, have greatly enriched the materia medica and wonderfully improved the practice of medicine. We have proven to the world that many of the positive mineral poisons in common use by the Allopaths, entailing broken constitutions premature decay and death upon their patients, were not only not necessary for the cure of diseases for which they were administered but were unmitigated curses upon humanity. A detail of the baleful effects resulting from this inhuman treatment was truly appalling. Much of this treatment has been abandoned by the Allopaths but far too much has been retained. The untutored and illiterate Thompson gave the Allopaths of his day an impressive object lesson. He saw his neighbors being bled to the point of fainting, and their whole chests made one solid festering sore and salivated until their bones and tissues were in a state of disorganization, leaving behind in some instances hideous deformities, and their stomachs corroded by tartar emetic until they could not digest anything at all and all of this baleful course of treatment given for the cure of pneumonia, pleurisy and similar diseases, and still they continued to prevail with alarming fatality. Thompson being a man of good common sense and superior natural endowments, commenced to treat his family and neighbors with the few domestic rem-

edies at hand and with the native roots and herbs, with the properties of which he had become acquainted and which were adapted to filling certain indications in the cases and his success so far surpassed that of the "regular" faculty or any other that the people had hitherto known, that his fame spread far and wide over the country and he was called hither and yander to treat such cases. Another thing that added to his popularity was the prompt and thorough convalescence of his patients. There were none of the tedious and worrisome convalescences that followed the treatment of his "regular" or Allopathic neighbors, to say nothing of the utterly broken constitutions and hideous deformities, sometimes left in their wake.

It looks like these "regular" Allopaths would have been thankful to Thompson for discovering a better, more merciful and much more curative treatment for diseases which had proven to be so fatal under their treatment and would have adopted his method of treatment. But did they? Far from it. They resorted to ridicule, sarcasm and slander to drive him from the practice of medicine and when this all failed they trumped up false charges against him and had him thrown into prison—charges which they could not sustain.

This was the class of "regulars" that our ancestors had to contend with and the modern "regulars" are those upon whom their mantle has fallen. Can any rational Eclectic or other reformer expect anything better of them were they to become vested with absolute power over the medical profession? Their recent history forbids any reasonable hope of this kind. It is hard for me to conceive which are the greatest "nincompoops" the promoters of this scheme of affiliation, expecting reformers to accept it, or the reformer who is silly enough to accept it. The reformers have been holding up a similar object lesson to that of Thompson ever since his day, not only to the Allopaths alone, but to

the whole world. This is the thing of all others that they wish to get rid of. The contrast between results in their treatment and that of the reformers is so great and so overwhelmingly in favor of the latter that they are exceedingly anxious to put a stop to it. If they are really and truly converted to our way of thinking let them renounce their proscriptive code and join our associations. Our doors are always wide open to all true reformers. Let us never forget to present to Allopaths an impressive object lesson as long as it continues to worry them for that is a sure sign that they still need it. I do not believe that we have done our duty to ourselves or the public by not being more aggressive. We should have endeavored, at all proper times, to throw a strong search-light on these object lessons that all might see more clearly and understandingly.

THE COMPOSITE MAN.

BY E. H. PRATT, M. D., LL. D.

IMPERSONATION No. 4.*

THE VENOUS MAN.

LADIES AND GENTLEMEN:

My twin, the arterial man, has requested me to appear before you and tell you something of myself, and so I suppose I must do the best I can to entertain you. Although a good speaker with me for a subject might be able to give you pleasant and profitable entertainment, I have but little confidence in my own ability to make full use of my opportunity. I am just one of the brotherhood of shapes that you have been hearing about of late, and more of a worker than I am of a speaker. If I could only be put in operation, so that you could get a fair example of the use that I was made to serve in the human body, you would find the demonstration fascinating in the extreme. If my story, then, does not hold your attention it is because it is poorly told, and

not from any poverty of material out of which to weave a brief consideration. In other words, I am conscious of being interesting in myself, but have little faith in being able to present my interesting features in an entertaining manner. But if you will allow something for my embarrassment, something for my loneliness and grief and helplessness at being separated from my brother shapes, within whose meshes I was always so closely entwined, something for the fact that I am somber in appearance, have been somber in my life work, and must therefore be more or less somber in my talk, I will briefly refer to a few of my characteristics that seem to me most deserving of your attention

Although each of the human forms will speak for himself to matters of personal consequence, for myself I shall take the privilege of dropping an occasional remark concerning some of the other members of my family whenever it seems necessary to do so, in order to properly elucidate my theme.

You know I am a twin, and although I am expected to confine my present remarks to personal matters, in my own mind I find it difficult to escape especially the conscious presence of my twin brother. The fact of the matter is, we have had very much in common. When the blood of our body was all drawn off we were both of us found to be merely tubular formations. Both of us carried blood, both of us were connected with the heart at one end and with the capillary system of the body at the other; but although so closely associated with each other our functions were quite different, my brother's mission being to carry blood away from the heart out into all the tissues of the body, and my mission being the reverse, to collect the blood from every part of the human system and return it to the heart. Between us we managed the complete circulation of the blood.

*The seipmersonations by Prof. Pratt—fourteen in number—have been published in book form, neatly bound in cloth, and can be furnished by the editor of this Journal upon receipt of price, \$1.50.

But he, as I said, distributed it, while I collected it. He spread the table for the nourishment of the human being, while I picked up the crumbs. He brought things, I took them away. He acted as a supply train, while I was more or less of a funeral procession. He dealt in supplies, while I was more of a high-grade scavenger, and gathered up the waste, either for renewal or burial, as proved to be necessary. To be sure I received the chyle from the lymphatics and white blood corpuscles from the spleen, bone-marrow and other places of their manufacture, but my main volume of blood was mere wash-blood from the tissues. So you see, while between us we managed the circulation of the blood, in reality we performed uses of an opposite nature.

This was true so far as the greater part of our work was concerned. Down in the chest, however, our duties were reversed. After I collected the blood from all parts of the body and poured it, a foul, polluted stream, into the right auricle of the heart, this cavity contracted and forced it into the right ventricle, and there my service ended so far as my handling of dark blood was concerned. My brother, the arterial man, then took charge of it and had the responsible position of conveying it to the lungs for its purification, after which it was once more passed into my keeping and, by my four pulmonary veins, I had the joyous privilege of emptying it into the left auricle of the heart, after which it was once more placed in my brother's hands. You see, whenever blood went from the heart, be it red or black, my brother had it in charge, and whenever it was brought toward the heart, regardless of its color, the burden became mine. But my brother and I understood each other so perfectly that we worked in such perfect harmony as in reality to appear like one person, a veritable bloody man, instead of two, as we are represented in your presence. It is perfectly proper, however, that we should be regarded as two separate forms, because there were enough marked points of difference be-

tween us to establish separate identities. For instance, in the matter of construction, each of us had three coats, and although there was very little difference between the outer and inner coats which belonged to us, the middle coat, which entered into the formation of the arterial man, was much thicker and more substantial than my own middle coat. So marked was this difference that whenever an artery was severed and the blood emptied away the artery stood wide open, so that the severed ends appeared perfectly circular. If an artery was pinched its elasticity immediately restored its shape when the pinching ceased. But poor me! I was not so blessed with stiffening material. When I was not distended by the current of blood which coursed through my channels, I became perfectly collapsed, and it would not be necessary to pinch me to hold my walls together. They would stay together of their own weight. Nevertheless I was not devoid of a middle coat, and such as I had was constructed after the manner of that of the arterial man, namely, of involuntary muscular fibers.

Our means of nourishment and nerve supply were identical. Like the arterial man my activities—what few I had, for I was not so active as he, neither was I as strong—were presided over by the vasomotor nerves which, as he has explained to you, were made up of a combination of sympathetic and cerebro-spinal nerve fibers, so that either nervous system could have direct communication with the blood stream. Then, too, neither of us depended upon the blood we handled for our nourishment, but, as he has already explained to you, a delicate system of blood vessels called the vasa-vasorum provided us with what material we needed for our nourishment. In this we were alike.

We were quite different in our containing capacities. It would take twice as much blood to fill my veins as would be required to distend his arteries. That is, my area of channel surface was twice as extensive as his. My branches were

more numerous and more irregular in their location. As we handled the same amount of blood you can at once see that he had to accomplish his work twice as rapidly as I did mine. So while the arterial stream was very rapid the venous stream was comparatively sluggish. In general terms I consisted of two sets of veins, both of them, of course, starting at the capillaries and coalescing as they increased in size and decreased in number as they approached the heart. One set of my veins kept company with the trunks of the arteries, the largest-sized arteries having but one vein, while the middle-sized and smaller arteries were furnished with two companion veins, called *vanæ comites*. This set of veins which accompanied the arteries, and were often encased with them in the same enveloping sheath, was known as the deep veins. The other set of veins, called the superficial, ramified in the loose areolar tissue immediately beneath the skin, and when they were filled with blood and the skin was of a clear transparent quality they showed as irregular blue streaks, mapping the surface of the body out into queer, irregular-shaped figures, bounded by the blue lines.

It seemed as though the blood must get lost in the labyrinth of my channels and never succeed in finding its way back to the heart. Such was not the case, however, as, if there was no mechanical obstruction to prevent, the heart got all of its blood back in due time, and as fast as it emptied itself was filled up again. In some places my venous branches went by the name of sinuses. For instance, the large venous trunk that took the blood from the walls of the heart itself and poured it into the right auricle was called the coronary sinus. The large veins which connected the uterus with the placenta in gestation are known as the uterine sinuses. Those of my veins which were located in the dura mater of the brain—the tough outer membrane which acted as a lining to the cranial cavity—are all called sinuses. There were fifteen of them in all, but their naming is not im-

portant on the present occasion, as the fact which I have already stated is all that will probably interest you at present. In a few places, where my veins were very numerous, thick enough indeed to constitute something of a bundle of them, they take the name of plexuses; as, for instance, the choroid plexuses, in the lateral ventricles of the brain, the pampiniform plexuses in the spermatic cords of the male and in the broad ligaments of the female. It is a little confusing to students of anatomy that some portions of my tubular structure go by the name of sinuses, for the bony man has cavities connected with the cranial bones that are also called sinuses, as the frontal, ethmoidal, sphenoidal, and maxillary sinuses. To have the same name to mean in one connection a bony cavity and in another place a blood vessel is a little awkward, is it not? Nevertheless, I had nothing to do with the matter and simply relate the facts.

Anatomy is not a very progressive science and does not change much with the years. As what I am telling you is already a matter of ancient history, it is liable to remain unchanged for ages to come. So instead of finding fault with things as they are, it will better become us perhaps to simply accept the situation and let that end the matter. It is all right to fret about unsatisfactory arrangements that are capable of modification, but to resent the inevitable and rail against conditions which are permanently fixed is both useless and unsatisfactory.

In another important respect the arterial man and myself are different. He has no valvular arrangement except the semi-lunar valves which served to prevent the regurgitation of the blood back into the ventricles when they relaxed after contraction. But I am furnished with innumerable valves placed a few inches apart in most of my branches, so that when the blood tried to go back toward the capillaries, as it might do under some forms of outside pressure, or induce by gravity acting upon dependent parts, the regurgita-

tion of the blood stream toward the capillaries was thus rendered impossible, for the slightest motion of the blood backward closed these valves and completely obstructed its progress. There is one part of my venous self which is unprovided with these valves, and while there may be some advantages in this fact with which I am not acquainted, I sorely felt their absence and often wished that there had been valves enough to go around, so that all my venous branches could have been provided with them.

I refer to my veins which were connected with the digestive organs. Those of my veins which came from the spleen and stomach and the small intestine and from the large intestine and from the pancreas, indeed, as I said, from all of the digestive organs, coalesced into one large vein known as the portal vein, which carried the blood to the liver and ramified through this organ before it was again collected by the hepatic veins and carried into the inferior vena cava, to be swept with the rest of the blood from the lower part of the body to the right auricle of the heart. All these digestive veins were unprovided with valves. As a human being spends much of his time in an upright position you can readily see that the lower veins connected with these digestive organs, namely, those supplying the rectum, are forced to sustain the pressure of the entire column of the blood which extends from them to the liver. Not only did the force of gravity act upon them, but when the liver was congested or the circulation of the blood through it was in any other manner impeded, the venous stream was thus blockaded and the veins which collected the blood from the rectum were called upon to sustain the entire force of this pressure. You can at once see that here were two obvious reasons for undue stretching of veins which return the blood from the rectum. These veins are called hemorrhoidal veins, and their dilatation constituted the annoying and mischievous trouble known as hemorrhoids, so common an affliction

as to be familiar not only to doctors, but to the laity as well. It seems to me that hemorrhoids could be avoided if all veins which come from the digestive organs were provided with valves. But this is the way I was made, and I presume it was for a valid reason, although I am unable to fully appreciate it, and so in reality have no right to pass such severe judgment upon my construction.

Gravity often affected me disastrously, as is evidenced by the fact that varicose conditions of my channels occurred in dependent parts. The veins of my lower limbs suffered most and frequently became as large as your little finger and stood out like whipcords all over the surface of the limbs just beneath the skin. Sometimes they were distended to such an extent as to rupture beneath the skin and cause spots of ecchymosis, which took a long time to absorb. Oftentimes the skin itself became so congested as to break down and have great big patches of sores, known as varicose ulcerations. When my veins in the pampiniform plexuses of the spermatic cord became enlarged in this way, the condition was known as varicocele and had such a weakening, degenerating effect upon the male sexual system as to call for relief to prevent a complete loss of sexual vigor.

You must not think, however, that gravity always produced undue dilation of my channels or was its sole cause in any instance. For if this were the case everybody would have varicose veins, and such, as you know, is not the fact. The main factor in any varicosity was a depleted nervous system, concerning which it is not my province to discourse. My nervous brothers can tell of their own troubles when it comes their turn to speak. Only you will understand that I held them responsible for whatever pathological changes I was forced to undergo. In this sentiment let me assure you all of my brother shapes will also join, for we are all agreed that as our life and health were maintained by the

nervous men, so disease in its various types was invariably the product of sins of either omission or commission on the part of these same nervous brothers of ours. Whether they will confess this to you or not remains to be seen, but for one I propose to give you this idea right here, not to escape personal blame, but simply to acknowledge my sole dependence for whatever I am or become upon whatever influence was meted out to me by my nervous associates. We were good friends, my nervous brothers and myself, for we had to be. Nevertheless, while I was their willing servant I was also their unfortunate victim; and I have the courage of my convictions to the extent of proclaiming the truth about the matter in this public manner.

My arterial brother and myself had another point of difference which should be mentioned, and that is that the flow of blood through his channels was accomplished by waves of pulsation started by the heart and continued through the arterial channels by peristaltic action. But with me it is different. The stream of blood which passed from the capillaries where I started, into my venous channels and finally emptied into the heart, flowed along smoothly and evenly, without wave or pulsation.

One word more as to the difference in the quality of blood which was carried by the arterial man and myself; while it was his chief occupation to distribute the bright red or arterial blood, and mine to collect from all parts of the body the dark red or venous blood, in our doings with the lungs the quality of our separate burdens was reversed, for after I had poured all my black blood into the right side of the heart I was too tired to do more, and so he helped me out by relieving me of my sorry task of carrying it into the lungs and to return his kindness, as soon as the blood was rejuvenated and made bright red again I paid him the compliment of conveying it into his keeping in the left side of the heart. This is one way of telling the story; another is that it was his business to conduct all blood, regardless of color, away from the heart, and mine to return it.

At your next assembly the human form who will address you will be the lymphatic man. He will have little enough to say for himself, and I will not anticipate his remarks except to say to you that all the liquid product of his industrious work, be it debris from bodily tissues or the chyle prepared from the food, was poured into my channels at the upper part of the chest, just a short distance before they combined to form the superior vena cava which returned the blood from the upper part of the body into the right auricle of the heart. What a mixture this made of the dark waters of flickering life that had their meeting in the right auricle of the heart. Here was the dish-water of the tissues; the old worn out, disintegrated and dissolved bodily products mingling their liquid death and discouragement with the new material coming directly from the digestive tract laden with the hopes of tissues yet unborn. The surging stream whirled into the right ventricle and was no longer in my keeping. But my arterial brother coming to my rescue turned with a powerful grasp the current, black with the liquid tissues from which all life had been squeezed and impregnated with the incipient hopes of life hurrying to fleshy embodiments, to the lungs for that wonderful breath of life which typifies resurrection to such an extent that it transformed death into life, black blood into bright red blood, stale, profitless, poisonous stuff into a vitalizing fluid for which the bodily tissues forever stood in wait. In return for my arterial brother's kindness in taking this black, polluted stream to its final destination in the lungs, a service easily conceived to be beneath his dignity, I stood with open veinlets to collect this bright red stream into which had so marvelously been breathed the breath of life, and by my pulmonary veins conveyed it to the left auricle of the heart, from which it was at once returned to the keeping of my arterial brother, who distributed it throughout the human being, giving each manly form the exact amount needed for his sustenance and repair. When we were at our regular business, with the exception of our thoracic interchange of offices, my arterial brother and

myself were great contrasts. He was fair and I was swarthy. He was full of life and force and vivacity and strength, and I was weak and discouraged and sluggish and flabby. While we were alike in shape, and alike invisible to the naked eye at the capillaries, so that our outlines were equally indefinite, the contrast between us was so great that in spite of our close association there was little danger of mistaking one of us for the other. If he was day I was night, if he was life I was death, if he was substance I was shadow, if he was fire I was ashes, if he supplied I buried, if he sang I sighed, if he smiled I cried, if he was hope I was despair, if he was young I was old, if he was an orchard I was a graveyard, if he was a picture I was but its background, if he was the flow of life I was its ebb, if he was the river of life I was the river Styx. We symbolized the extremes of the pendulum of life, we pictured the perpetual ebb and flow and stood for the eternal circle of things, thus forever revolving from life to death and from death to life. I loved my brother. He was my hope. Yes, I should say our hope, for all of us depended upon him. I knew that my brother loved me; and yet in my despondency I sometimes feared that his sentiment toward me must have been more akin to pity than to love. But we both had our uses.

I have told my tale in my poor, inadequate manner, and your kind attention has touched me deeply. It assures me that my imperfect presentation of the position I occupied in the brotherhood of human shapes has not entirely hindered you from catching the spirit of the personal history which I have been trying to present to you. My work in the body was somber, responsible, full of discouragement and serious. But I was the only black sheep in the family, and the others of my brother shapes will furnish you with a livelier entertainment. The next in order to appear before you will be the lymphatic man. You must not expect too much of him, for he is bashful and diffident in his ways and will probably have less to say for himself than most of the other members of our composite family.

DIRECT MEDICATION.

BY GEO. C. PITZER, M. D.

(Continued from November Journal.)

Ammonia Carbonas.—Carbonate of ammonia needs no description, so far as relates to its physical properties, for it is a very common drug, and nearly everybody is acquainted with its appearance, as well as its peculiar pungent odor and sharp taste.

As a therapeutic agent, although old and well tested, we know it is greatly neglected. It is a certain and powerful stimulant, and has great advantages over alcoholic stimulants. While it acts as a stimulant, it, at the same time, promotes diaphoresis and expectoration; increases the flow of urine, and never, in medicinal doses, provokes febrile movement. The observations of J. P. Thomas, M. D., as recorded in a copy of the "Virginia Medical Monthly," are so nearly in harmony with my own, that I take the liberty of quoting freely from that paper. Dr. Thomas says:

"In diseases of the respiratory organs, it always promotes expectoration of the mucous exudations in the bronchi—thus far aiding arterialization of the blood. It rarely fails to produce free diaphoresis—thus, to some extent, unloading the capillary circulation, especially of the lungs, and of course promoting elimination of the *materies morbi*; it also acts by depleting and yet assisting the heart in a conservative manner. It invariably lowers the pulse as soon as its action upon the skin is established, and thus it also combats the fever. Unlike alcohol, it prevents, instead of aids, the accumulation of carbonic acid, by promoting, in an eminent degree, oxygenation. It does what would be expected—renders the blood alkaline, even when, on test, it was decidedly acid before the administration of the ammonia. It prob-

ably prevents the formation of emboli by its diffusive stimulation of the circulation, and its alkalinity; when persistently administered in full doses, it undoubtedly does this, and consequently it must prevent the deposit of fibrin by its solvent powers, and hence limits hepatization in lung-tissue.

"That it checks exudation is proven by the rapidity with which it changes the color of the sputa in pneumonia. Carbonate of ammonia certainly, in some way, promotes oxygenation. From this fact, I have repeatedly given it in almost every form of pulmonary trouble where there was alarming cyanosis; and when the dyspnoea was so urgent that the patients were gasping for the want of oxygen, invariably, after a few full doses, the carbonized discoloration of the skin would fade, and finally disappear; the breathing would become much reduced in frequency, and less labored. It has, in my hands, in a very short time, often reduced respiration from 40 to 50 to the minute in the adult, down to 20 or 30. And in the suffocative diseases of children—such attacks as frequently occur in the course of capillary bronchitis, and the occasional suffocative stages in some cases of simple croup, as well as in many cases of pertussis—all of which are sometimes alarming—there is no remedy equal to ammonia carbonate.

"I have recently seen in consultation two cases of croup, in which this peculiar suffocative stage was so alarming that they were both pronounced membranous, and nothing was thought of but tracheotomy. In both of these cases, ammonia carbonate, in five-grain doses, largely diluted with water and syrup, and administered every fifteen minutes, gave prompt relief to the urgent symptoms, and both children recovered.

"On January, 16th, 1879, I was called to see Willie Radiord, aged five years. I found the little patient suffering with a sudden and violent attack of croup, supervening upon an acute tonsillitis. After exhausting the usual treatment by nauseants, etc., the symptoms continued to increase in

severity to such a degree as to convince me that I had to deal with a case of membranous croup, which would soon terminate in death if not quickly relieved. Before resorting to tracheotomy, I concluded to try ammonia carbonate and cold cloths applied to the throat. The first dose of ammonia was given at 12 o'clock on the night of the 18th, and repeated every fifteen minutes until 5 a. m., the 19th, when there was decided improvement in all the urgent symptoms; but the remedy was continued in the same doses every hour during the day. After this, four grains were given every three hours, in a teaspoonful of syrup of senega, for twenty-four hours longer, when the patient was discharged cured.

"In whooping cough, I have seen carbonate of ammonia produce the happiest results, by preventing the suffocative paroxysms. This agent, combined with chloral hydrate, in proper doses, with an occasional full dose of quinia, is the most satisfactory treatment of this self-limited disease of which I have any knowledge.

"In the suffocating, cyanotic paroxysms occurring in children during an attack of acute capillary bronchitis, catarrh of the fine bronchi, or the catarrhal fever of some writers, I have never found any agent or agents comparable in efficacy, and equal in promptness, to ammonia carbonate. There is, in these cases, congestion of the whole pulmonary tissue, as the result of bronchitis, which often sets up a train of venous engorgement, or stasis, beginning in the lungs, but frequently extending to the large veins, and even to the abdominal viscera. In all congestions of the lungs, this is the remedy par excellent. I have used it alone in quite a number of cases of pulmonary engorgements, resulting from acute capillary bronchitis—both in children and adults—and nearly always with complete relief to the suffocative symptoms within 36, and sometimes within a very few hours.

"During the year 1879, I treated successfully, by this same agent three cases bearing strong resemblance to the case

so graphically described by Dr. B. H. Riggs, of Selma, Ala., in his paper on "Carbonate of Ammonia in Suffocative Diseases," read before the State Medical Society of Alabama and published in its "Transactions."

"Dr. Riggs' description is such a perfect photograph of the condition— I may say such an accurate pen-picture of the situation—that I cannot describe the character of cases, complicating this disease, in which carbonate of ammonia is peculiarly indicated and pre-eminently useful, better than by giving it in his own words. Speaking of an urgent call to visit a child, the Doctor says:

" 'I repaired to the house to find the child suffocating—drowning from pulmonary engorgement; his head was thrown back and his spinal column was bent backward like a bow, to take the pressure off the chest; the face was palid, with a purplish tinge on the cheeks; lips white; nostrils; distended; eyes of pearly whiteness; finger-nails purple; respiration rapid and panting (I should say gasping); and pulse quick, frequent and feeble; temperature in the axilla 105°.

* * * * *

" 'Here was a case of pulmonary congestion resulting from acute bronchial catarrh of the smaller bronchial tubes.'

"The treatment he pursued was the administration of two grains of carbonate of ammonia every two hours, with hot mustard pediluvia and repeated sinapisms to the chest. He adds, 'The treatment was attended with success.'

"From two to three grains of the carbonate of ammonia may be given to an infant from six to twelve months old, in elm-mucilage, by the mouth, and from five to six in the same menstruum per rectum."

In the management of pneumonia, and in capillary bronchitis, after the second or third day, we have no remedy that will equal this. Our first object in the treatment of pneumonia is to moderate the febrile movement and limit the congestion and local inflammation. We accomplish all

this, in different cases, by the judicious use and appropriate combination of veratrum, aconite, asclepias, ipecac, lobelia, and hot foot and sponge baths; but, after a day or two, as mucus accumulates in the bronchial tubes, and, as the pulse become small, breathing rapid, lips livid, expression of countenance anxious, cough harrassing and expectoration difficult, the above remedies will not suffice. In fact, if veratrum and aconite are continued, in anything like large doses, the results cannot be otherwise than disastrous. Here is the place for the carbonate of ammonia. In scores of instances have we seen its magical effects in such cases as these. We simply make a solution of the salt in water, ten grains to the tablespoonful, and order one tablespoonful given every hour. This is readily taken in this form, but it may be further diluted with water when taken, if the patient so desires. The same solution may be given to children suffering from pneumonia or capillary bronchitis. The dose can be lessened to suit the age, and the dilution can be regulated to meet the demands. Some children will not swallow this drug unless largely diluted.

We have treated many cases of the above description with carbonate of ammonia alone, after the second or third day. Under the influence of this drug the pulse becomes fuller and softer, the breathing is slower, the the color of lips more natural, the skin moist, expectoration freer and easy—every symptom pointing to better conditions. We feel sure that the mortality from pneumonia would be greatly reduced if the profession could trust more to carbonate of ammonia in the treatment. Too much is so frequently done in such cases, and in the wrong direction, too. Cathartics, sedatives and opiates are used to excess, especially sedatives.

Ammonium Muriaticum.—Muriate of ammonia is, in effect, very similar to the carbonate. It is not so readily dissolved in water, nor is it so powerful in its stimulating

effects. It is more appropriate in substance in subacute bronchitis and chronic pneumonia. In such cases we frequently combine it with syrup of wild cherry and asclepias. *R.* Syr. wild cherry, ℥iij; fluid ext. asclepias, ℥ss; muriate of ammonia, ℥ij. Dissolve the ammonia in half an ounce of hot water by rubbing in a mortar, then mix. *S.* One teaspoonful every two hours. In asthma we combine the muriate of ammonia with grindelia robusta. *R.* Muriate of ammonia, ℥ij; fl. ext. grindelia robusta, ℥j; water, syrup simple a. a. ℥jss. Rub up the ammonia in a mortar with water, then mix all together. *S.* One teaspoonful every two hours. Attacks of asthma excited or prolonged by the effect of cold, complicated with bronchitis, are very speedily relieved with this combination.

As a liver remedy this is one of the best. The cases requiring its use, and where it will be found prompt in giving relief, are such as are seen all over this western country, especially during the fall and winter seasons. They are of a chronic character. There may be sub-acute inflammation; or the liver may be torpid, enlarged, and owing to the increase in size, with a little tenderness, the patient is in constant distress. There may be no fever, or there may be a low grade of febrile movement. The skin has a sallow appearance; is frequently moist, but the perspiration has a "sticky" quality about it, and the odor is offensive. Now, muriate of ammonia is the very best drug that can possibly be given these patients. No matter if these conditions obtain as idiopathic affections, or follow attacks of malarial fever, the muriate of ammonia, in ten, fifteen, and sometimes twenty grain doses, three or four times daily, will directly improve the circulation in the liver, increase the flow of urine, clear up the skin, and in every way improve the condition of these patients. Under these circumstances, no mercurial or podophyllin compound will compare with muriate of ammonia. Nux vomica may aid a little, but the ammonia will be found to be the reliable drug.

Ammoni Bromidum.—We use this drug in neuralgia. Ten-grain doses dissolved in water, frequently relieves the severe pain of neuralgia, and lessen the impressibility of the nervous system generally, so that the appropriate drugs used for the purpose of breaking up any periodic tendency may more certainly produce the desired effect. These ten-grain doses may be repeated every two or three hours if necessary.

Some cases of nervous headache are speedily relieved with bromide of ammonia. To promote sleep in cases of exhaustion and nervousness, it is sometimes very effectual. In epilepsy it is regarded as one of the best remedies. How it cures these cases nobody knows. It is used empirically. To lessen sexual excitement and prevent nocturnal emissions it is very good, but hardly so reliable as bromide of potassium.

Amyl Nitrite.—Nitrite of amyl is a volatile liquid having a rather agreeable odor. We use it by inhalation. Dose, two to five drops on a piece of lint or on a handkerchief. The effect of nitrite of amyl when inhaled is to temporarily increase the action of the heart, dilate the arterioles all over the body, produce a feeling of fulness in the head, lower the temperature of the body, while the whole surface is quite red. Give a fainting man a few drops of this by inhalation and the face becomes red at once, and every symptom of syncope as suddenly leaves him. It very suddenly increases the quantity of blood in the brain. Our Prof. Trailkill, in the presence of our class, at the American Medical College, gave a small dog chloroform to the extent of profound anesthesia. Five drops of nitrite of amyl were placed on a handkerchief and applied to the dog's nostrils, and in three seconds the dog opened his eyes, and in less than three seconds longer he jumped up and ran out of the room as though nothing had happened. This experiment is suggestive, and we may profit by it.

The cold stage of an intermittent fever may be promptly arrested by the inhalation of nitrite of amyl. Immediately the blood rushes to the surface of the body and the chilliness ceases. And in some cases the hot stage is scarcely noticed where the nitrite of amyl is used to abort the chill.

Asthma is sometimes speedily relieved by the inhalation of nitrite of amyl; but some cases are not benefited by it. It is not a certain remedy in asthma. All in all, nitrite of amyl is a valuable remedy, and no physician should be without it.

Apomorphia.—This is a whitish powder, which changes to a greenish white upon exposure to light and absorption of moisture. It is made from morphia by heating with strong acids. It is soluble in water, and may be given hypodermically or by the mouth, like sulphate of morphia. Dose, 1-20 to 1-10 of a grain. This drug undergoes important changes when exposed, or when left dissolved in water; and solutions for hypodermic use, or internal administration should be made at the time when needed.

Apomorphia is a certain and speedy emetic; and this is about all the use we can make of it. In cases of insensibility, or where the patient will not or cannot swallow, and an emetic is required, we have only to give the patient 1-16 to 1-10 of a grain of apomorphia, hypodermically, and in from five to fifteen minutes the stomach will be empty. Free and thorough emesis will result from this single dose.

A man choked on a piece of beefsteak. He commenced to swallow it, but owing to a slight spasmodic constriction at the cardiac orifice of the stomach the meat did not enter the stomach. It could not be moved up or down. For two days he was unable to eat or drink anything. The 1-12 of a grain of apomorphia, hypodermically, relieved him of the obstruction in five minutes.

We have found this drug of great utility in a number of cases. Some practitioners recommend it as an internal remedy, in small doses, in certain bronchial and laryngeal troubles, but we have made no observations in this direction, and cannot speak from experience. Care should be observed in the use of this drug, for an overdose might result in alarming prostration. Where serious depression of the vital powers are threatened from the effect of apomorphia, stimulants should be administered at once—carbonate of ammonia in solution, or aromatic spirits of ammonia.

—*American Medical Journal*, Feb. 1882.

[TO BE CONTINUED.]

SOUTHWESTERN DEPARTMENT.

EDITED BY W. L. LEISTER, M. D.

THE SAMPLER.

One of the many vicissitudes—even up to the point of positive annoyance to be experienced by the publisher of a medical journal, is that imposed by the professional “sampler.” I am pleased to call him a *professional* sampler for the reason that he is almost invariably a man who obtains the magazine literature of the day by writing the editor and publisher about thus-wise: “Mr. Editor, I would be pleased to receive a sample copy of your medical journal. A friend of mine showed me a number and I liked the appearance of it very much. On learning the price, I think I shall forward the amount at once.” And sometimes there is this addendum: “Please notice accompanying printed article on puerperal septicemia, read by me before the Jim Crow Medical Society, and if there be found anything worthy of reproduction, it would please the writer greatly to see it in print.” The mark of a sponge and the work of a sponger. He would read the result of others’ hard work and good money spent, and at the same time herald his own measley stuff upon reputable physicians, provided he may obtain it all for nothing. In the first place, he lies when he claims not to know the price of any well established medical journal. It never occurs to his broad and liberal (?) mind that it requires a 10 cent or a 15 cent outlay for every copy printed, and that he would make no mistake to send a quarter of a dollar to the hard pushed and under paid publisher.

Of course editors of medical weeklies or mothlies are only too glad to receive contributions from subscribers who pay promptly and from others who show a material interest. This class of patrons are always solicitously welcome. The

writer of these few lines has given away hundreds of dollars worth of sample copies, but he'll be whipped-sawed if he would do it again. The professional sampler would have to obtain his literature honestly if yours truly were in the publishing business. The American Medical Journal is too good a publication and costs too much money to be given away.

—:O:—

A Letter of Inquiry and Its Answer.

DEAR DOCTOR: I want to ask you a question or two? While on train from Little Rock to Helena, Ark., I picked up from the seat I occupied, a copy of the American Medical Journal. On opening it I happened to read: "Southwestern Department," "edited by W. L. Leister, M. D." Are you the Dr. Leister who, several years ago published the Southwestern Progressive Medical Journal, and if so, what became of it? I was a subscriber to that publication one year and liked its snap. Is it published now? Are you a native Arkansawyer? Please take no offense as there is none intended." Yours truly, Dr. ————, Poplar Grove, Phillips Co., Ark.

ANSWER.—Dear Doctor: Yes, I am the same "teller" who published the Southwestern Progressive Medical Journal, at Rogers, Ark., my present address. That was a daisy publication, Doctor, if you and I are about the only people who remember anything of its "snappiness." The publication was well received by the profession throughout the great southwest and it paid its promotor a dividend. Hundreds of physicians throughout the southwest were loyal to it, and the erstwhile editor treasures many pleasant memories of help received, papers contributed and many happy meetings with broadminded physicians of Indian Territory, Missouri, Texas and Arkansas, together with a liberal sprinkle of patronage from many states of this great union. Now there came a time, but for which the Southwestern

would be on deck now. "It was like this," to use a street gammon hackney; the editor—that was "me," became involved in controversy with the then and now chief editor of this most excellent medical magazine—Dr. M. M. Hamlin, relative to the bigness of the great southwest, which vast territory the two publications proposed to cover. For argument's sake the writer "took the ground that Oklahoma, the Indian country, Texas and Arkansas, taken together were the whole thing; while my worthy antagonist contended that southern border of the state of Iowa and of Nebraska and of Colorado, also embracing New Mexico and as far west of the latter as there be any country at all; this vast region, the Doctor claimed, embraced about the latitude and longitude of the great southwest, and not to be one guilty of trying to belittle one's country, I gave in. Go to the Louisiana Purchase Exposition or World's Fair next year to learn by actual observation the bigness, the present wealth, the immediate future greatness and grandeur of the great southwest.

The result of this interchange of ideas was, that the Southwestern was merged in The American Medical Journal, which momentous event took place in April, 1901, without any vivid disturbance of the sun or moon, or notable deviation of day and night. Only this, Doctor, that if you be not a subscriber, a paid up subscriber, to this enlarged journal you are missing and will miss many splendid and advantageous ideas and truths to be presented from month to month by the army of enlightened physicians and surgeons who will contribute to its pages.

No, Doctor, I am not a native born Bear-state-man, but my grandmother Leister's sacred ashes rests in one of the early cemeteries of Helena, your county, and true to instinct and early training there was in me that which brought me back as it were and twelve years ago I became from choice an adopted son of the state the fairest of them all, with its

nearly four thousand miles of navigable rivers; with its 129 varieties of woods; with millions of acres of coal lands; with minerals of every kind and grade in illimitable amounts; with sapphire, ouyt and every variety of beautiful liths. Even our mussels grow the pearl, And to try to enumerate the variety and profusion of the rich and beautiful bestowments upon and underneath the surface of this great state by a beneficent Creator, one would need to write many volumes: it cannot be did.

As for many people who have adopted, or were born in Arkansas, they propose to stay here. They are like the old man from Arkansas who happened to be in attendance when a Mo. preacher put the following questions to his audience: "All of my hearers who desire to go to heaven please arise." Every one present stood save our akansawyer. The minister observed the lone man who did not vote. "Any one present who desires to go to —— will please stand," said the good domine, thinking to get an expression of desire in favor of one or the other abode. Our Arkansas man sat still and starred with a quisical twinkle at the speaker. "My friend," said the man of the cloth, "I have asked nothing unreasonable of you; is it possible that as old a man as you be have no desire to express relative to your impending future?" It was now the old man's turn. Straightening up to his full height of six and one-half feet and "a chaw o' terbacker," he replied: "See here, Mr. Preacher, if you'r talking to me (?) I don't want to go anywhere else to stay. I live down in the big red apple section of Arkansaw. No sir, that's good enough place for me."

——:o:——

Notes.

In the Eclectic Medical Gleaner for November, Dr. G. W. Johnson, of San Antonio, Texas, says: "You may ask what is the difference between our school of medicine and

other schools? The only difference in schools or systems of medicine is in the therapeutic application of drugs. That our school (the Eclectic) has a therapeutic individuality based upon scientific principles we claim, and the experience and investigation of scientific men have substantiated it."

The International Journal of Surgery for November, says: Never permit your patients to remain under the impression that their hernias are perfectly safe as long as they wear a truss. Nearly all the cases of strangulated hernia occur in people who are wearing a truss, and these patients should be informed that notwithstanding its use there is some danger in their condition. In the present state of surgery there is practically no reason why anyone should keep a hernia and nurse it unless he likes it.

In November number of California Medical Journal, Dr. J. A. Munk writes on climatology of Southern California. We knew Dr. Munk away back in 1868-9 at the old E. M. Institute. A good man, a fine physician and engaging writer. I hope the Doctor may scan this paragraph.

In regard to Apocynum Cannabinum the Lincoln Medical Outlook says: "Now, I do not claim that apocynum is a specific for Bright's disease, but if, in any case, you have these symptoms, or the majority of them, no difference what the name is, give apocynum and your patient will get well if there is vitality enough in him to recuperate." At this time I have a case on spec. apocynum—20 drops four times a day, which with heart disease and all concomitants—albumen especially—has improved greatly. The urine has come to 1018 spec. gr. and clear of albumen. The patient is 68 years old.

In the Eclectic Review for October we find the following relative to Cascara spoken by Dr. A. Waldo Farbush before the Boston District Eclectic Medical Society: "Cascara stimulates the biliary secretive function. Its synergistic influence with selected remedies opens for this drug a large field of usefulness, as for instance alternation with quinia increases its power. The same may be said in the use of grindelia squarosa, berberis aquifolium, chionanthus, dioscorea, nux vomica, and all indicated selections. Cascara usually settles the irritated or refractory liver wrongs of the dipsomaniac, also the hypertrophic liver resulting from malaria, when used in conjunction with grindelia squarosa or quinia."

Under conjunctivitis as the result of fast riding in automobiles by A. Edward Davis, M. D., November Medical Brief, we extract the following: "I also wish to call attention to the danger (from the same cause) fast automobiling, of lighting up anew old or chronic inflammations of the deeper structures of the eyes, as a chronic choroiditis, uveitis, etc., in order that patients known to have such diseases of the eye may be warned against such danger."

In the Philadelphia Medical world for November, Dr. T. E. Reed, of Middletown, Ohio, discusses the question of twins and double births. A good paper. Of course, if a boy and girl be born at one parturition, they are NOT twins. Two boys—twins. Two girls—twins. A boy and girl—two after births. Two or more of the same sex—one after-birth.

But this is old. However, we invite all American Medical Journal readers who are not already taking the World to send for the forthcoming December number. Your humble servant will be in it with a "squib" in reply to the question: "Is there any advantage in a consultation between physicians of different schools?"—By L. C. Corbin, Ph. G., M. D., Passaic, N. J. Bro. Taylor of the World is most liberal and is publishing a fine magazine. So, after subscribing for and paying for all the Eclectic Journals, as a good Eclectic does do, just add the world and be pleased.

Doctor, do you read the American Echo? Secure October number, and look through "The Doctor's Dream." "I am sitting alone by the midnight fire, with my pipe alight, now the day is done; The village is quiet, the wife's asleep, the child is hushed, and the clock strikes one!" etc. Our own dear old "Pap" Younkin is the author. By the way, the Echo is invariably chock full of beautiful things.

Now, dear readers, I bid you all adieu, until the New Year, with my benediction:—

Bright angel guides on love's golden wing,
Bless us this hour, bless us this hour;
Soothe breaking hearts and sweet comfort bring,
Make us free by the wonderful power.
Drive from our pathway all darkness and woe,
Help make us noble, unselfish and grand;
Keep us in wisdom as onward we go
To our home over there in the bright morning land.

BERBERIS VULGARIS.

BY JOHN WILLIAM FYFE, M. D.

Common Name.—Burberry.

Natural Order.—Berberidaceæ.

Part Used.—Bark and berries.

Description.—This erect deciduous shrub is usually from three to eight feet in height. Its long bending branches are dotted with triple spines. The leaves are alternate, about two inches long and terminated by soft bristles. Its flowers are small, in clusters on pendulous racemes, and yellow in color. The berries are bright red, oblong, in bunches, and very acid.

Dose.—Fluid extract, 5 to 60 drops.

Usual dose.—5 to 30 drops.

Indications. Relaxed and catarrhal conditions of the gastro-intestinal mucous mebranes; atonic dyspepsia; torpid conditions of the liver; cholera infantum; jaundice; chronic diarrhœa and dysentery.

This agent constitutes a very efficient tonic in debilitated and anæmic conditions, especially when the tongue is deep red or brownish in color. It promotes natural secretion, favors the flow of gastric juice, and aids the digestive organs in their work of assimilation. It has also been employed with much success in malarial diseases.

Berberis vulgaris is tonic, laxative, antiperiodic and chologogue.

RANDOLPH, TEX., Nov. 11, 1903.

MONT. M. HAMLIN, M. D., St. Louis, Mo.

Dear Doctor:—I have long been in arrears to the American Medical Journal which you have kept coming without a word on my part or a notice on your part. I do not know how much I am behind, but I thank you for your leniency and patience. But something more than thanks is due you. You would long ago have heard from me had I been in a position to come up as I ought. You will find enclosed a money order which will ease my conscience a little.

I have never built up a lucrative practice anywhere, and I have not done anything worth noticing. After leaving college I remained at my old home for a few months, then I went to the Chickasaw Nation at the request of another doctor who said that he was going to leave and wanted some Eclectic to take charge of the good thing he had. But I found that he was mistaken in several things. About it being a good location, about the extent of his practice, and about his going away. Anyhow, I did no good there, and I got away from there while I could.

The Chickasaw country is a regular paradise for quacks. You will find one or two at every little inland town and post office. They did not have to go before medical boards, and that is why there are so many of them in that part of the country. Anybody who knows how to give

Senna and jalap
Till they go in a gallop,
Or give calomel
Till the gums swell,

can practice in that part of the country. As I used to hear one of my professors say, "They puke them, they purge them, they kill them, *mad dog* them." The letters in italic words must be transposed to get the sense. When the professor used to say that in his able lectures on *materia medica*, the humor of the thing would dawn through my

thick cranium as I would look to see the sour frown on the face of the pious Dr. Harris. But I would have no law regulating the practice of medicine. I have a great deal of contempt for those people who are always clamoring for law. Let your neighbor regulate his own affairs is my ticket. If he wants a Christian Scientist let him have one.

But as I said before, any one who knew how to dose out calomel could practice in the Chickasaw country. The only other thing they needed was an inexhaustible stock of gall or cheek. But in this they did not seem to be lacking. It is only fair to state that there are some pretty fair doctors, who belong to the big R. fraternity, in some of the larger railroad towns. But I lacked the gail or ability, probably both, to push myself into notice. The only thing which makes me think I was not a quack myself is, in the heart of quackdom I was a failure. The quacks have monopolized the field and got started with the people. The people do not like to change. They have always been humbugged and they seem to like it. If this was not so, they would not have supported and enriched a monster humbug and fake for eighteen centuries. Just try to enlighten them and to pull the wool from off their eyes and your name is Dennis. If a patient dies he was absolutely incurable and Providence took him, but if he gets well in spite of the doctor, it was all due to his wonderful skill.

As we have been taught that the great majority of patients would get well without medicine, it would be better for mankind, as Holmes says, if it was all cast into the sea, but so much worse for the fishes, than feed humans with it. I qualify this, but Holmes did not. I do this to soothe the souls of conscious-stricken doctors, also not to sanction Christian Science or any other faith-cure fake from Dowie back to Elijah. But herein lies the success of Christian Science, or of the Homeopath with his decimal triturations. If we give medicine at all, let us at least give sensible doses, or else discard it altogether.

But when I say quack, I say it very softly, for fear I may be throwing stones and still living in a glass house myself. I know the quack of a duck, but I am not so certain about the quack of a doctor. Will the editor give us a good definition of a quack? But please frame it so it will not include myself.

In conclusion I will say, I have no wonderful cures to report. I have never raised any one from the dead. I have never made any great researches in regard to any drug. I have never discovered any new remedy which, like some of the quack-nostrums now on the market, is good for most all the ills that flesh is heir to. I have now emptied my cranium of the few stray ideas which seem to inhabit it, and I feel greatly relieved.

Best wishes to you, to the American Medical College, and to the boys.

Yours truly,

J. M. GILBERT, M. D.

At the recent meeting of the American Public Health Association, held at Washington, the committee on vital statistics reported that effective co-operation had been instituted between that Association, the Conference of State Boards of Health, the American Medical Association, the United States Census Bureau and the United States Public Health and Marine-Hospital Service for the improvement of the vital statistics of this country. Among the objects sought are the extension of adequate methods of registration, the use of uniform and comparable tables and rates in bulletins and reports, and the improvement of the international classification of causes of death. A pamphlet on "Statistical Treatment of Causes of Death" has been issued by the United States Census Bureau, requests for which should be addressed to Mr. W. A. King, Chief Statistician for Vital Statistics, Census Bureau.

It has special reference to the difficulties encountered in compiling deaths returned from several causes, and asks for the co-operation of the profession in framing a thorough satisfactory method of procedure in such cases.

The American Medical Journal.

M. M. HAMLIN, M. D.,
Editor and Proprietor.

W. L. LEISTER, M. D.,
Associate Editor.

Contributions, Books for Review, Exchanges and other communications should be addressed to The American Medical Journal, 2900 Lawton Avenue, St. Louis, Mo.

\$1.00 A YEAR IN ADVANCE.

SINGLE COPY, 10 CENTS

EDITORIAL.

VOLUME 31, NO. 12.

With this issue we close the 31st year of the publication of the Journal. Starting with nothing but the good-will of a few of the personal friends of its founder the Journal has grown steadily—not rapidly—but it has grown from the first issue to the present number, until now the number of readers it has; and the influence it wields is surpassed by few, if any, of our eclectic journals.

We are proud of the record made, we believe the readers are proud of the Journal.

We are now about to enter the new year and in doing so we desire to express our sincere thanks to the many friends who have so nobly stood by us and have in so many ways aided the editors in the past.

But what of the future? To the editors the future looks exceeding bright. We have the assurance of the co-operation and collaboration of many of the strongest and best men within the ranks of eclecticisms to aid in making the Journal even better in the future than it has been in the past and to this end we shall labor unceasingly. We therefore hope to have the co-operation of every reader of the Journal; first, by a prompt renewal of your subscription for 1904, and secondly by a personal letter to the editors with an article for publication; a brief report of a case treated; your experience with some particular drug or something that will be of interest to your fellow-readers. If you should change location, or should get married, or should die, drop us a line from

which we can make a note—in the latter event, however, it might be well to arrange with a friend to do the writing as the editors are not familiar with chirography in use in this country where good Doctors go. But don't forget that *now is the time* to renew your subscription to the American Medical Journal. Send in the amount at once. *One dollar* paid in advance, fixes your subscription for 1904, and if you would like a copy of Prof. Wilder's History of Medicine—and every eclectic should have it—send us \$2.50 and get the Journal for 1904 and the History of Medicine both for \$2.50. Remember the price of the book alone is \$3.00. This offer applies to new subscribers as well as old.

It is contrary to our custom to express our opinion of proprietary remedies very often or lavishly but for more than three years we have been using Bovinine rather extensively in a certain class of troubles and have found it to work so well that we deem it not beyond the bounds of propriety to mention a few of the conditions where this remedy has done good service. At the Hospital we have to treat a great many cases of old chronic ulcerations, we have learned that this agent applied locally gives as good results and as much satisfaction to both the physician and patient as any thing else that we can employ.

In suppurative conditions of the auditory canal. It is our custom to cleanse the parts with peroxide of hydrogen and then fill the canal with equal parts Bovinine and water. Repeating this daily for only a few days and our cases are relieved and many are cured.

Any old suppurating sore will be benefitted by local applications of this agent. In leucorrhea, especially where the mucous membranes are pale and the vaginal walls are relaxed, local applications of Bovinine will prove the best treatment that can be pursued. As an internal medication we can not speak so positively as we have had only a limited experience with it; but in depraved conditions as above mentioned we know of nothing superior as a local remedy.

SPECIFIC DIAGNOSIS.

If there is one thing more than another that should engage our most careful attention it is to correctly diagnose each case of sickness that comes under our observation. Not simply for the purpose of giving it a name but our aim should be to determine the exact condition existing at the time of making the examination, and at each subsequent visit a careful examination should be made to ascertain whether conditions have changed since our last visit. It is impossible to predicate a rational treatment without a perfect understanding of the case in hand. The success of the eclectic school is attributable largely to this one thing—Specific Diagnosis. If there is any one feature that more than another condemns the old school physician it is the failure on his part to correctly diagnose his case.

To illustrate: Within one year of practice in St. Louis the writer was called in haste to attend three different cases, suddenly attacked with pain, and delivered each of a large living child. In one of these cases the diagnosis had been made by two very eminent (?) physicians—Fibroid Tumor—and they were arranging to operate. In the next case the diagnosis was a floating kidney and an immediate operation had been suggested. In the third case the diagnosis was ascites.

Again, only a few days ago a U. S. Navy officer was found in a dying condition on the street in this city. He was sent immediately to the City Dispensary where one of the wise ones diagnosed it a case of carbolic acid poisoning and started him on his way to the City Hospital. But before he could reach that institution he died and his body was returned to the morgue, where an hour afterward some newspaper reporters were examining the body and discovering blood on his clothing instituted a search and found that the officer had been shot through the lung. This is about as it was reported in the daily papers.

Once upon a time we heard one of these wise doctors say that he could examine a woman and tell her what her

mother died of and it was not six months until he was doing more business than all the other Doctors in the town, but within a few years he had occasion to leave town quite suddenly—two hours was the allotted time given by the irate husband of the woman who was anxious to know what was the cause of her mother's death—without giving the desired information.

Specific diagnosis and direct medication is the only rational method to be pursued.

MARRIED.—At Coleman City, Texas, November 1st, 1903, by Rev. William Stanley, Jason Tyson, Jr., M. D., and Miss Julia Lee Baxter, both of Santa Anna, Texas. The Doctor is a graduate of the Georgia Eclectic Medical College, class of '98. Friends extend congratulations to Doctor and Mrs. Tyson.

Just as we go to press we learn of the death of Mr. Matthew Warren, aged 39 years, which occurred at Detroit, Michigan, on November 11th, 1903. • Mr. Warren was the General Manager of the well-known firm of Parke, Davis & Co., having been in their employ since seventeen years of age.

PROFESSOR LLOYD'S LATEST BOOK.

Red-Head.

"A wonderfully portrayal of 'feud life' in Kentucky, mingled with a fresh and vouthful love story." Price, \$1.60. By mail, 12 cents extra for postage.

This is prof. Lloyd's latest book of fiction and is even more facinating than his former books. The publishers, Dodd, Mead & Co., have done themselves great credit in bringing out this book as it is certainly up to the highest standard of bookmakers' art. We know nothing else as a Christmas present that will equal "Red Head." Anything that Prof. Lloyd writes is well worth reading but in this book he surpasses all former efforts and the reader is simply held spellbound from start to finish. Send for it.

BOOK REVIEWS.

MODERN MATERIA MEDICA AND THERAPEUTICS. By A. A. Stevens, A. M., M. D. Price, \$3.50 net. W. B. Saunders & Co., publishers.

The paper is fine; the binding, in cloth, is as good as can be made; and the price is right—a book of 663 page only \$3.50. It is well indexed and the work is printed from splendid new type—in fact it is a work of art. But as a work on therapeutics from an eclectic's standpoint it is of very little value. As per example: In speaking of Gelsemium, he says: "THERAPEUTICS. Gelsemium has been employed as an antispasmodic in *laryngismus*, *Stridulous*, *whooping-cough*, *asthma* and *chorea*, but in these affections there are far more efficient remedies." He doesn't really recommend its use for anything, in fact it is painfully plain to the reader that he knows absolutely nothing of the drug. In speaking of belladonna, lobelia and many others of the most important remedies, our author shows plainly that he has not employed them and knows nothing of them.

The Saunders' Co. puts out many valuable books, and their work is always up to the highest standard, but this is not one of their valuable works.

TRANSACTIONS NATIONAL ECLECTIC MEDICAL ASSOCIATION, VOL. XXXI—1902-1903.

The transactions of the National for 1902-03 is on our table. It is a neatly bound volume of 425 pages and does credit to our secretary, Prof. Finly Ellingwood and to the bookmakers as well. It contains, besides the transactions of the meeting held at Indianapolis last June, a complete list of members now living and also a list of those who have died while holding membership in the association. It also contains all the papers read at the meeting at Indianapolis. It

is a work of art as well as of real worth to every member.

Dr. Ellingwood deserves great credit for the splendid arrangement of the matter contained as well as the promptness with which the work is completed. Ellingwood is a great secretary. We vote for Ellingwood.

DISEASES OF THE NOSE AND THROAT. By Charles Huntoon Knight, A. M., M. D., Professor of Laryngology Cornell University Medical College, Surgeon Manhattan Eye and Ear Hospital, etc. One hundred and forty-seven illustrations, 423 pages, cloth, \$2.50. P. Blakiston's Son & Co.

Twenty-four chapters, the 1st of which is devoted to the anatomy and physiology of the nasal passages, methods of examination, instruments used. The text is well worked out, plain, concise. The print is good. The descriptions of the various surgical movements are plain and easy to follow. A book to be recommended, especially to those who must practice in the smaller towns. The book serves us well in our line of special work—nose and throat.

LEISTER.

LESSONS ON THE EYE FOR THE USE OF UNDERGRADUATE STUDENTS. By Frank L. Henderson, M. D., Ophthalmic Surgeon to St. Mary's Infirmary, and the Christian Orphan's Home; consulting oculist to the St. Louis City Hospital, etc. 205 pages, cloth, \$1.00. P. Blakiston's Son & Co.

The illustrations are especially plain. 28 chapters covering the field of eye troubles. A short chapter on General Therapeutics is specially good. We consult the pretty little book every day.

LEISTER.

Doctor, Do You Know

That money invested in lead makes the best, safest and most permanent investment? Why? Because lead is the only staple mineral in the United States to-day for which the demand far exceeds the supply, and lead mines, unlike gold, are usually inexhaustible: they pay enormous and permanent profits on the production.

The Famous Old Ryland Mine

The greatest lead-producing mines in Arizona, and perhaps the world, have just been released by the administrators of the Ryland Estate and purchased by the Arizona Mining & Development Company.

\$1,500,000 worth of ore is now on the dumps and blocked out in the mines.

This property was a big producer in former years, is at present worth millions and the ore supply is practically inexhaustible.

For The Next Thirty Days

A limited amount of this stock will be offered to the public at 20 cents per share, par value \$1.00.

No subscriptions accepted for less than five dollars.

Make all remittances to and for detailed information, call or write,

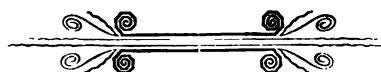
The Standard Stock & Bond Company, Inc.,

FISCAL AGENTS,

515 MISSOURI BLDG., ST. LOUIS, MO.

CONTRIBUTORS TO VOLUME XXXI.

E. Younkin, M. D.	Jos. E. Harris, M. D.
Geo. W. Moore, M. D.	Ovid S. Laws, M. D.
H. D. Quigg, M. D.	G. M. Williams, M. D.
G. Helbing, M. D.	W. L. Leister, M. D.
M. W. Henry, M. D.	W. H. Goad, M. D.
T. Hodge Jones, M. D.	Jason Tyson, M. D.
A. Wilder, M. D.	J. Noble Younkin, M. D.
John Uri Lloyd, M. D.	Emmett F. Cook, M. D.
A. J. Jamieson, M. D.	H. H. Helbing, M. D.
W. K. Pembroke, M. D.	J. L. Ingram, M. D.
Geo. J. Monroe, M. D.	N. J. Carriker, M. D.
P. C. Clayberg, M. D.	Jno. W. Fyfe, M. D.
S. J. Smith, M. D.	E. H. Pratt, M. D.



CONTENTS OF VOLUME XXXI.

A Few Thoughts which have occurred to a superannuated Eclectic Physician of Texas,	24
A Case in Practice,	114
Asafetida,	121
A New Bone Clamp,	152
A Word of Advice to Arkansas Eclectics,	165
Address of Dr. C. A. Tucker before Class of A. M. C.	210
Arkansas Eclectic Medical Association,	223
Abraham Standlee, M. D.,	295
A Case of Typhoid without any Medical Attention,	301
Announcement,	419
Asclepias Syriaca,	420
Book Reviews,	47, 293, 587
Body and Mind,	274
Berberis Vulgaris	579
Constipation,	313
Cactus Grandiflorus and Cereus Bonplandii,	358
Diseases of the Eye,	167
Death of Dr. C. W. Hinchman,	400
Direct Medication,	466, 511, 564
Death of Professor Locke,	482
Electro- Therapeutics,	12, 70, 119
Editorial, 40, 94, 139, 184, 225, 285, 336, 384, 437, 485, 538,	583
Exophthalmic Goitre,	363
Fluid Electricity,	51, 101
For the Journal Editor and Readers,	309
Fooling with Moth Balls,	311
Fissure of the Rectum,	334
Gonorrhea,	197
Grindelia Squarrosa,	457
Harelip,	1
Hocuspocus,	353
Intermittent Fever,	322
Microbes Neglect Their Opportunities,	82
Miscarriage Caused by Lightning,	82
Mrs. Knoles and the Microbe Man,	112
Materia Medica,	318
More Points for the Medical Examiner,	347
Magical Diseases,	519

National Eclectic Medical Association,	117, 168, 221,	258
New England Eclectic Medical Association,	-	303
Notes on Physiology,	- - - - -	477
Nervous Deafness,	- - - - -	545
Obstetric Forceps,	- - - - -	158
Pure Bovine Virus,	- - - - -	149
Program of the Arkansas Eclectic Medical Association,		169
Program of the Eclectic Medical Society of Missouri,		219
Precision in Prescriptions,	- - - - -	357
Physiology in Medicine,	- - - - -	401
Prinos Verticillatus,	- - - - -	518
Society Notes,	32, 84, 137, 183, 336, 484,	538
Selections,	- - - - - 33, 87,	233
South Side Villa;	- - - - -	73
Slaughterhouse Waste as Medicine,	- - - - -	123
Significance of Fetal Heart Sounds,	- - - - -	124
Syphilis,	- - - - -	131
Specific Medication,	- - - - -	259
Southwestern Department,	- 307, 580, 421, 460,	572
Some Causes of Cancer,	- - - - -	325
Some Practical Points on Microscopy,	- - - - -	397
Some Improvement in Local Analgesia,	- - - - -	434
Stylosanthes Elatior,	- - - - -	455
The Anti-Vaccinators of Cennecticut,	- - - - -	9
The Allopathic Olive Branch,	- - - - -	19
The Experiment,	- - - - -	74
The De Traux Sanitarium,	- - - - -	110
The Medicine Case,	- - - - -	172
The Theory of La Grippe,	- - - - -	181
Therapeutic Hints,	- - - - -	247
The Alimentary Canal,	- - - - -	255
The Shepard-McMillen Sanitaia,	- - - - -	266
The Passing of the Urethra Catheter,	- - - - -	267
Tennessee Eclectic Medical Society,	- - - - -	273
The Etiology of Tubal Pregnancy,	- - - - -	324
The Relation of Blood Pressure to Shock,	- - - - -	329
The Sympathetic nervous Svstem,	- - - - -	413
The Relation of Dentist to Physician,	- - - - -	424
The Composite Man,	- - - 425, 445, 494,	553
Valedictory Address,	- - - - -	205
Who should Practice Medicine,	- - - - -	252
What Little I Know About Cactus Flowers,	- - - - -	493

READING NOTICES.

The Pennsylvania State Board of Health and "Vin Mariani."

On April 22d last the Governor of Pennsylvania approved an excellent law passed by the Legislature entitled, "An Act regulating the sale or prescription of cocaine, or of any patent or proprietary remedy containing cocaine, and prescribing penalties for the violation thereof." A question arose as to whether the well-known "Vin Mariani," as a coca preparation, contained cocaine. The State Board of Health, on being appealed to, submitted the question to the analytical chemists, Prof. Sadtler and Dr. Genth, the samples examined being purchased by them in drug stores of their own selection. The analysis showed that "Vin Mariani" contained no cocaine.—]Monthly Cyclopædia of Practical Medicine. Phila., Sept., 1903.

A Vegetable Antipyretic.

The element of danger from the administration of the synthetic coal-tar antipyretics which have been extensively employed for several years is such as to cause considerable caution in their use. Many practitioners have discontinued these remedies entirely and placed dependence on Labordine in all febrile conditions. Labordine is purely vegetable in its composition and recognized as a safe, effective and reliable therapeutic agent, causing absolutely no cardiac depression or other after-effects such as noted from many of the mineral remedies. It is indicated wherever antipyretic and analgesic remedies are employed. Dose for adults is from five to fifteen grains, repeated according to indications. Readers of the American Medical Journal can procure samples and special literature on Labordine by addressing Labordine Pharmacal Company, St. Louis, Missouri.

FOR shaking palsy nothing excels tinct. *Aesculus Glabra*, one-half drachm, *CELERINA*, eight ounces. Teaspoonful every two or three hours.

The Treatment of Symptoms.

In a highly interesting article on this subject, Walter M. Fleming, A. M., M. D., of New York City, uses the following language:

"Long experience in the treatment of diseases in their incipency, evidences beyond all debate, that almost invariably, the attack in a large proportion of cases is inaugurated by febrile symptoms of greater or lesser severity. Also, it may be noticed that constipation or torpid inactivity of the bowels prevails. Therefore, the first indication in the incubation or incipency of the attack, of almost any form or nature, is primarily to allay the fever, pain-nervousness and solicitude of the patient, and secondarily to empty the alimentary canal. These two ends being accomplished, a long advance towards a possible abortive issue of the attack has been made, or in any event, the first indication and requirements are fulfilled, in proper progress toward a cure.

Thus in the primary treatment of the numerous ills, which are characterized by the above quoted symptoms, the physician will find Laxative Antikamnia & Quinine Tablets at once handy, convenient and reliable, safe and sure, and to which the turbulent symptoms of fever, constipation, pain-sleeplessness, nausea and generally wretched depression yield so promptly and gracefully, that it is certainly refreshing to the physician himself, to note the change in his patient, from other suffering and solitude to comfort and quiet. I certainly know of no other remedy which will so readily and decisively allay and control the symptoms above enumerated."

After-Pains.

For the treatment of after-pains Hayden's Viburnum Compound is a safe and reliable anodyne and antispasmodic, and its administration renders all other remedies superfluous. Unlike the opiates, it does not produce constipation or gastric disturbances, but promotes perfect comfort without any deleterious action.

BATTLE & Co., St. Louis.

I have the pleasure of telling you of a most remarkable experience had with the bottle of ecthol you kindly forwarded me last month. When I received the sample of ecthol I had been treating a young man about ten days for what I diagnosed as ulcer of the stomach. For a year before coming to me he had occasionally seen dark colored blood in his alvine discharges, and now and then, he had vomited blood of a lighter hue. There was an indurated spot on the body of the stomach about twice the size of a silver dollar which had been giving him trouble for some time. Could trace no history of cancer in his family. After putting him on teaspoonful doses of ecthol four times a day, he came to my office and smilingly told me the hard spot was gone. I examined him and found it to be true. During this last week he had been on ecthol alone. The vomiting had also ceased and he had gained in bodily vigor. Gave him a second vial of same, cautioned him as to eating and exercise, and discharged him in fine spirits. I wonder if this case can be matched?

JOHN F. NEAL, M. D.

Lytle, Tex., Oct. 14, 1903.

THE WORLD'S FAIR.

THE NATIONAL ECLECTIC MEDICAL ASSOCIATION AND THE WORLD'S FAIR.

I BELIEVE every true Eclectic desires to see his school prosper, to see the day when Eclecticism shall be known and honored as the old school is to-day, and to see the early consummation of an equal distribution of appointments, both in governmental and commercial affairs—not that he may share so much in pecuniary gain, but in recognition of the fact that he is an equal in medical affairs.

That in point of skill and ability he is the peer of any; that we are making progress each year toward these desirable ends none can deny, but it is equally true that, while we are making advances, the goal could be reached much sooner by united effort.

Whenever the National Association has a working membership of a thousand, fifteen hundred or two thousand, it will impress this country as it never has been impressed as to the position of Eclecticism. This being true—and I think none will dispute the force of the statement—it behooves every Eclectic to join his State society and the National.

This will be an opportune year—the World's Fair year. Everyone who can possibly get to St. Louis next year should do so and visit the greatest exhibition this old world has ever seen. Fifty million dollars will have been expended in making this the marvel of the world. A few weeks spent in St. Louis in 1904 visiting the wonders and treasures that have been gathered from all parts of the world will be an education in itself—for one can see there in a few weeks what would cost years of time and travel.

The executive committee of the National met in St. Louis, October 27, to arrange the preliminaries for our meeting next year. In all probability our meeting will be held in a hall on the grounds. We took a run out to the Fair Grounds and were agreeably surprised at the advancement in the Fair Buildings. The Fair Committee promises to have every building completed and exhibits in place on the opening day, April 14.

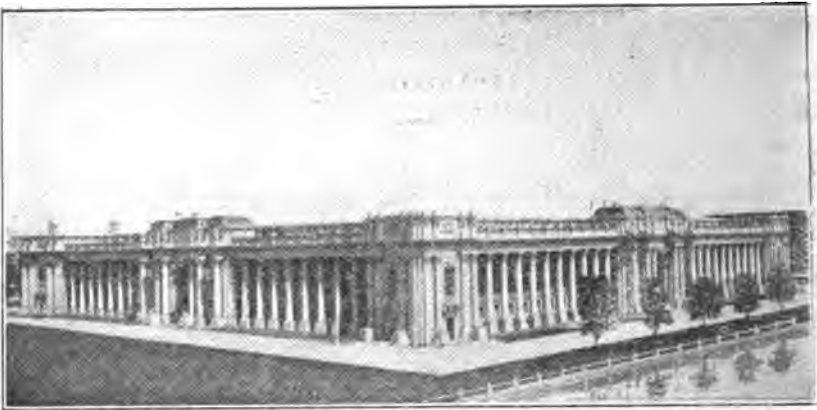
The Fair Grounds occupy 1,250 acres, and the buildings must be seen to be fully appreciated. This month we present illustrations and descriptions of several of the prominent and main buildings.

R. L. THOMAS, M. D.

Cincinnati, Ohio.

President.

THE WORLD'S FAIR.



EDUCATION BUILDING.

The Education Building of the Louisiana Purchase Exposition is of the Corinthian order of architecture. It is situated to the left of the main lagoon, and this and the Electricity Building are the only two buildings facing the Grand Basin with the cascades and approaches to the terrace crowning the hill on which the Art Building stands. While not the largest in area, its position makes it one of the most conspicuous buildings in what has been called the "main picture" of the Exposition. Eames & Young, of St. Louis, are the architects of the structure.

The building fronts 525 feet on the main thoroughfare of the Exposition. The principal entrances are on the axis of the building, and somewhat resemble the well-known form of the triumphal arch. At each angle of the building is a pavilion, forming a supplementary entrance, and these are connected by a colonade of monumental proportions. The four elevations are similar in character, varying only as required to accommodate the design to the irregular shape of the ground plan. A liberal use of architectural sculpture lends a festive character to the otherwise somewhat severely classical exterior. The screen wall back of the colonade gives opportunity for a liberal display of color as a background for the classic outlines of the Corinthian columns, affording liberal scope for the mural decorator.

The interior court follows the general outline of the building in form and style, and is laid out in the form of a plaisance or garden of a formal type. It is also suggested that this building, the roof of which is on a level with the terrace of the Art Building, could be successfully used as a promenade, with a roof garden and restaurant.

The contract price of the Education Building was \$319,399, and its builder was John J. Dunnivant & Co. It was completed by Dedication Day, was occupied at that time by the United States' regular troops and later was used as a sculpture shop.

Howard J. Rogers, Chief of Department, has charge of exhibits.



MACHINERY BUILDING.

The Machinery Building's main dimensions are 525 feet by 1000 feet. Its cost is about \$500,000. It is served by a gigantic traveling crane, and by two tracks of railway running through the building from east to west. The ground allotted for the building is of peculiar shape, viz., a large parallelogram with a huge corner piece cut out of the south-east angle. Widmann, Walsh & Bisselier, of St. Louis, the architects, have furnished the following statement in regard to the structure :

"In a building of this immense magnitude it behooves the designer to apply symmetrical treatment whenever feasible, and we have therefore designed the four facades subservient to this principle. In the south front towards the hill the main entrance shows a triple arcade with flanking pavilions in the center. The north front of 1,000 feet has an arcade of seven arches as a center feature. The two axes of these central features are 160 feet apart, and in our ground plan we have formed on each of these axes a cross-aisle and nave of 80 feet in width. These two aisles are connected by a lower room, with lantern light above. The east facade shows a comparatively low building centered by two gables and smaller entrance feature. The re-entering angle on the south-west corner is very interesting in its development. The other corner features are each made with a triumphal arch entrance taken from the principal motif, with two of the principal pavilions in the line of the facades. As a landmark we have used two large towers, raised in the center of the immense main aisle of the structure, and immediately back of the large arcade feature of the north facade. The towers are safely built upon massive piers, and form a magnificent corner turning feature in the general complex of Exposition Buildings, the Machinery Building being the end one of the main group.

"The axial measurement of unit in the building is 20 feet, and the width of the various aisles are multiples of this unit, being 40, 60, and 80 feet wide respectively. The main aisles are 65 feet in height, and the secondary aisles 30 feet, affording an abundance of clerestory

THE WORLDS' FAIR.

light. The building is to be enriched with spandrels and other ornamental features, and surrounded with occasional sculpture groups."

This building houses the Exposition power plant, the largest power plant ever shown as an exhibit, and just west of it is the boiler house. The structure was erected by the Smith & Eastman Co.



ADMINISTRATION BUILDING.

The Administration Building at the World's Fair, St. Louis, is the principal structure of eleven new buildings known as the Washington University group, which is to be the permanent home of the University after the close of the Exposition. All are in the Tudor-Gothic style of architecture, as exemplified in the college buildings of England of the time of Henry VIII and Queen Elizabeth. The Administration Building is 325 by 118 feet, and has in the center a massive tower 77 feet high, topped by four octagon towers, one at each corner. The doorway in the tower is a magnificent arch. The facade of the tower is elaborately ornamented with canopied niches and with strong courses on which appear the heraldic shield bearing the University coat of arms. In front of the entrance is a terrace 50 by 264 feet, and leading up to the terrace are steps of cut granite 35 feet wide. The building is of pink Missouri granite with Bedford (Indiana) limestone trimmings, cost \$550,000, and is fireproof throughout.

President Francis and Secretary Stevens have offices in the building, and so has the National Commission. The Board of Lady Managers and the Missouri Commission will also be located there until their respective buildings are completed. The Division of Exhibits and Division of Exploitation take up a large part of the building and the Department of Concessions occupies one of the big office rooms.

The rooms of two large buildings adjoining—Busch Building and Cupples Building No. I—are also used for the administration work of the Exposition.

The Thirty-first Annual Announcement
— OF THE —
The American Medical College
Of St. Louis, Missouri,



407 S. Jefferson Avenue.

SESSION 1903 AND 1904.

Regular Session

BEGINS SEPTEMBER 21, 1903 AND ENDS APRIL 13, 1904.

With list of Matriculates and Graduates for 1902-1903.

BOARD OF TRUSTEES.

WM. M. KINSEY.....	PRESIDENT.
A. F. STEPHENS.....	VICE-PRESIDENT.
H. H. HELBING.....	SECRETARY.
IRA W. UPSHAW.....	TREASURER.

M. M. HAMLIN,
E. YOUNKIN,
P. C. CLAYBERG.

Thirty-first Annual Session 1903-1904.

Until the New College Buildings are completed, the American Medical College will be located, as heretofore, at 407 S. Jefferson Avenue.

Beginning Monday, September 21st, 1903, college instruction will continue without abatement until the evening of April 13th, 1904. The session continues twenty-eight weeks.

The time necessary to complete a session is twenty-six weeks. This is required of all students.

The following holidays will be observed this year: Thursday, October 8th, St. Louis Fair; Thanksgiving, November 26th; Christmas Holidays, December 24th to January 4th; and Washington's Birthday.

The Commencement Exercises will be held on the evening of Tuesday, April 13th, 1904. The American Medical College Alumni Banquet will be held on the evening of Monday, April 12th.

For further information, address the Dean.

FACULTY.

E. YOUNKIN, M. D., Emeritus Dean	3035 Lucas Ave.
<i>Prof. Principles and Practice of Surgery.</i>	
MONT. M. HAMLIN, M. D., Dean	2900 Lawton Ave.
<i>Prof. Materia Medica and Therapeutics.</i>	
A. F. STEPHENS, M. D.	2300 University St
<i>Prof. Principles and Practice of Medicine.</i>	
O. S. LEDMAN, Ph. G.	2329 S. Comptou Ave.
<i>Prof. Chemistry, Toxicology and Urinalysis.</i>	
JOHN L. INGRAM, M. D.	2327 Wash St.
<i>Prof. Physiology.</i>	
P. C. CLAYBERG, M. D.	Chemical Building.
<i>Prof. Obstetrics.</i>	
H. HUGH HELBING, M. D.	4235 West Belle Place.
<i>Prof. Gynæcology and Abdominal Surgery.</i>	
J. JOSEPH LINK, M. D.	725-726 Mermod-Jaccard Building.
<i>Prof. Clinical, Operative and Orthopædic Surgery.</i>	
R. I. RIGLER, M. D.	4152 Newstead Ave.
<i>Prof. Mental and Nervous Diseases.</i>	
W. A. SMITH, M. D.	1420 N. 19th St.
<i>Prof. Descriptive and Surgical Anatomy.</i>	
GEORGE H. HAMPSHIRE, M. D.	4053 W. Belle Ave.
<i>Prof. Dermatology and Venereal Diseases.</i>	
GEORGE E. KRAFF, M. D.	2742 Geyer Ave.
<i>Prof. Pathology and Bacteriology.</i>	
E. HORACE JOHNSON, M. D.	2507 N. Spring Ave.
<i>Prof. Pedology.</i>	
IRA W. UPSHAW, M. D.	5015 Shaw Ave.
<i>Prof. Physical Diagnosis.</i>	
B. J. WIESNER, M. D.	1922 Sidney St.
<i>Prof. Osteology and Syndesmology.</i>	
W. W. CHERRY, M. D.	Olivia Building.
<i>Prof. Dental Pathology and Oral Surgery.</i>	
HON. WM. M. KINSEY	Oriel Building.
<i>Prof. Medical Jurisprudence.</i>	
W. L. LEISTER, M. D.	407 S. Jefferson Ave.
<i>Prof. Ophthalmology, Otology and Laryngology.</i>	
ADDISON E. JONES, M. D.	Mermod-Jaccard Building.
<i>Prof. Histology and Hygiene.</i>	

ADJUNCTS.

G. O. HULICK, M. D. 1317 St. Louis Ave., East St. Louis, Ill.
Lecturer on Principles of Medicine.

D. S. PRUETT, M. D.-----6713 Michigan Ave.
Lecturer on Hygiene.

CHARLES W. NEHL, M. D.----- 1535 Hogan St.
Adjunct to the Chair of Anatomy. .

C. J. BALDRIDGE, M. D.----- 1011 Cass Ave.
Lecturer on Diseases of the Eye.

W. A. SMITH, M. D. Demonstrator of Anatomy.

CLINICAL INSTRUCTION.

This College boasts of its ample clinical facilities for teaching at the College, where each teacher will, as opportunity affords, treat cases in illustration of his subject. In addition, the following will give the student an idea of the clinical advantages afforded by the American Medical College:

PROF. A. F. STEPHENS.....City Hospital.
General Diseases. (One hour per week.)

PROF. M. M. HAMLIN.—Metropolitan, Protestant and City Hospitals.
Orificial and Abdominal Surgery.

PROF. J. J. LINK-----{ Protestant, St. Anthony's, Metropolitan.
and City Hospitals.
Surgery.

PROF. H. H. HELBING.....City Hospital.
Surgery. (One hour per week.)

INTRODUCTORY.

To Students desiring a thorough medical education, THE AMERICAN MEDICAL COLLEGE, with its THIRTY-FIRST ANNUAL ANNOUNCEMENT, comes again with kindly greeting.

With no small degree of pride we point to the past history of this College; to the number of its matriculates entering its gates, and to the successful graduates that have gone out to practice the healing art. The American Medical College has for its object all that is good in medicine and Surgery, and its effort is never ceasing in the selection of the best and the rejection of the worst. The different theories in medicine, and the different schools of medicine are often perplexing to the student who is about to choose his life-long profession, and his medical study must necessarily be a process of winnowing or separating the golden grain from the chaff and chaff. This is truly a process of Eclecticism, and refers to a specific method in the selection and application of drugs in the cure of disease.

Eclecticism as taught and practiced in The American Medical College claims a wider and more comprehensive range than commonly taught. Its materia medica is unrestricted, and its therapeutics differs in the fact that first a specific diagnosis is essential to a success. As there are specific indications there must be specific remedies to cure the pathological conditions..

The treatment of disease is based upon the patient's individuality rather than upon any particular nosology.

While the whole of medicine is taught in this College the different theories expounded and the good of all pointed out. Medical knowledge is based upon a thorough study of the human body, anatomically, and physiologically, the active principles of drugs are carefully noted with their direct effect upon organs. Drugs are prescribed in



M. M. HAMLIN, M. D., DEAN.

smallest doses practicable, and in the most pleasant form that art can devise.

The distinctive features of this College may be more clearly seen when we take into account the fact that at the beginning of the nineteenth century the common practice was to treat disease by bleeding, blistering, salivating with mercury and the indiscriminate use of arsenic and antimony. This practice was imported from Europe.

Eclecticism grew out of a protest against these severe methods. Dr. Wooster Beach, of New York, who had practiced on the "European plan," and became disgusted with the severe and barbarous methods, began an investigation to find a better way. He soon discarded blood-letting and salivating, and then sought to reform his brethren, but he was denounced and ostracised by the general profession. Here lies the origin of the American idea, and the idea that gave origin to The American Medical College—the only College in St. Louis that teaches medicine upon the American plan.

Eclecticism is not yet a hundred years old, but has now about 11,000 practitioners in America, and is diffusing throughout Europe. It has nine or ten medical colleges, thoroughly equipped, and whose requirements must conform to those laid down by the National Confederation of Eclectic Medical Colleges.

Calls are made continuously upon these colleges to supply communities with their graduates, and we want to meet the demand; but we must have practitioners worthy and well qualified. Men of good physical, mental and moral development; men of good literary attainments. Men with pluck and energy, who can reason from cause to effect. No laggards nor drunkards, nor profane need apply.

We want men who when fitted for the profession will make it honorable. With the proper material and the higher medical education, we believe the perpetuity of this College and the success of its graduates are assured.

ENTRANCE EXAMINATION.*

An entrance examination will be held on Monday, September 21, at 9. A. M., for students entering the College who are unable to furnish the necessary credentials as required by the regulations. This will include the following:

1. English Composition.
2. Higher Arithmetic.
3. United States History.
4. Geography.
- †5. Elementary Physics, or Natural History.
- †6. Latin Prose.

Students conditioned in one or more of the branches enumerated above will be given until the beginning of the second year to make up such deficiencies, provided that students who fail in any of the required branches in this second examination shall not be admitted to a second course.

Examination to determine the standing of students who have attended elsewhere, and for removing conditions of first, second or third year students, will be held by the respective professors September 21 and 22.

Students who have attended two or three sessions elsewhere will be examined in Anatomy, Chemistry, Physiology, Principles of Medicine, Hygiene, and Materia Medica. Students passing a majority of these subjects will be entitled to enter, and make up the deficiencies in addition to the regular year's work. Pass grades will be accepted from certain accredited medical colleges.

An application for matriculation to the American Medical College must be accompanied with a creditable certifi-

*This examination can be conducted elsewhere by the examiner of the faculty of a recognized literary or scientific College or University or by the State Superintendent of Instructions, or a Principal of a High school

†Students may pursue these branches the first year in college. Prof. Krapf will give two hours per week to instructions in Latin, free of charge.

cate of good moral character, and signed by two reputable physicians of the community in which the student resides.

A diploma or certificate of graduation from a high school, evidence of having passed the matriculation examination to a recognized literary or scientific college, or certificate of medical student's examination conducted by the examiner or faculty of a literary or scientific college or university (non-medical), or by the State Superintendent of Public Instruction, or a certificate from a principal of a high school, showing an examination in English Grammar, Arithmetic, Elementary Physics, United States History, Geography and Elements of Latin. If a student is found proficient in these branches, in all except Latin, or anyone of the others, he will be received, and one year will be allowed to become proficient in elementary Latin; but he must then furnish a certificate for proficiency in this branch.

Advanced Standing will be granted to graduates of colleges of arts or science which require a regular attendance of three or more years as an essential to graduation. They may be admitted to the second year of the medical course without examination, provided:

First, that they furnish, beside their diplom or certificate of graduation, formal and satisfactory evidence of having credibly done at least one year's work in the following named branches, for which they may receive credit in the medical school without examination; (1) Chemistry, (2) Biology and Comparative Anatomy, (3) Histology, (4) Embryology, (5) Experimental Physics, (6) Physiological Botany, (7) Laboratory Physiology or Experimental Psychology, and (8) Zoology.

Graduates of reputable and regularly established Colleges of Dentistry, Colleges of Pharmacy, Colleges of Veterinary Medicine, and Colleges of Osteopathy, that require as a condition of graduation attendance on a course extending through two or more full years, may be allowed

one year's advanced standing, on a condition that they comply with the entrance requirements of the medical college, and pass all the examinations and perform all the laboratory work embraced in the course of the Freshman year.

Graduates of medical colleges recognized by State Boards may be admitted without examination. Students from said colleges who possess certificates of attendance and successful examination, can enter with a credit of as many courses as they have taken, but in all they will be required to take four courses, as others.

Students who have attended one or more full courses in colleges *not* recognized by State Boards can be granted advanced standing in accordance with such attendance, on complying with the entrance requirements and passing all examinations and performing all laboratory work of the classes below that which they enter. Graduates of or students from colleges to which no recognition is given, and are shown to be fraudulent, can be granted *no advanced standing whatever*.

Students desiring to practice in New York must obtain a Regent's medical student's certificate, to be obtained on credentials or by examination, from the Examination Department, University of the State of New York, Albany.

Students desiring to practice in Ohio must be governed for entrance by the Ohio law and the rules and regulations of the Ohio State Board of Medical Registration.*

TERM EXAMINATIONS.

Throughout the course, daily examinations or quizzes are held by the professors, thus aiding the student's memory, and assuring his continued advancement. The Freshman, Sophomore, Junior and Senior examinations will be held, in writing, during the last three weeks of the session.

*Matriculates who will be applicants for registration in the State of Ohio must possess: A diploma from a reputable college granting the degree of A. B., B. S., or equivalent degree; a diploma from a normal school, high school or seminary, legally constituted, issued after four years of study; a teacher's permanent or life certificate; a medical student's certificate issued upon examination by any State Board; a student's certificate of examination for admission to the Freshman class of a reputable literary or scientific college; a certificate of his having passed an examination conducted under the direction of the State Board of Medical Registration and Examination of Ohio, by certified Examiners, none of whom shall be either directly or indirectly connected with a medical college.

REQUIREMENTS FOR GRADUATION.

1. The candidate must be 21 years of age; of exemplary conduct, and regular in attendance during lectures, quizzes and clinics.

2. The candidate must have attended four courses of lectures of twenty-six weeks, including the credits of advanced standing; no two sessions within the same year of time.*

3. A regular attendance during the entire lecture course shall be required, allowance being made only for absence occasioned by the student's sickness, such absence not to exceed 20 per centum of the course.

4. Each candidate must have dissected the entire cadaver, and must have attended the clinics at both the college and the hospital.

5. Graduates of medical colleges whose diplomas are recognized will be credited for the number of sessions they have taken, provided they fill out the remainder of the requirements of this college, and provided at least one session be taken in the American Medical College. In order to receive a degree from this College, one session at least must be taken here.

6. Satisfactory examination in all the branches will be required. The student will be expected to show certificates exempting from branches of study previously passed, and if from another college they must furnish certificates certified to by the proper officer of the college.

7. One month previous to graduation the applicant must make out a blank application, in due form, showing age, time of study, where and when lectures were received, and certify that all fees due the College have been paid. This to be the basis of admission to graduating class.

8. In all cases no two courses of lectures in the same year can be counted in the requirement.

*Students who matriculated here in years past cannot, under any circumstances, claim graduation under requirements then in force.

NO PRIVATE QUIZ CLASSES.

All the instructions in this College is given in the regular lectures, and regular every-day quizzes. No private classes for which students must pay an additional fee are allowed. There are no special courses to the student's expense. In many colleges the "extras" are said to approach the cost of regular tuition.

Fees.

For Single Session Ticket* (payable in Advance).....	\$75 00
Demonstrator's Anatomical Laboratory Ticket.....	5 00
Graduation Fee, Returnable in Case of Failure.....	25 00
Hospital Ticket.....	Free
Chemical Laboratory Course	Free
Histological and Microscopical Laboratory Course.....	Free
One Session's Tuition to Graduates of a Recognized	
Medical College, including Graduation.....	75 00
Same without Graduation.....	50 00

A scholarship may be secured upon the payment of \$250.00. This can be paid in three installments: \$100.00 at the beginning of the first session and \$100.00 in a year from that, and \$50.00 in two years from the beginning. All paid at the beginning, \$240.00. This fee includes graduation and all courses to graduation. excepting the dissecting fee, which is not included. This scholarship is transferable, when paid up, to any other who can comply with the other requirements, counting out what has been consumed by the first purchase.

Those who desire to get their names on the matriculation list before the opening of the session can do so upon the payment of \$5.00. This amount will be deducted upon entrance and securing the general ticket of scholarship.

*Under no circumstances are fees returnable. Single session tickets are not transferable. Students, however, can make lost time in any future session without extra charge.

CLASSIFICATION OF STUDIES GRADED.

The course of instruction is arranged into four classes: The Freshman, the Sophomore, the Junior and the Senior. The dividing line between these classes are not followed closely in medical colleges usually, but they will be kept up as far as practicable.

1. **The Freshman Course** is "Preparatory," and embraces Human Anatomy so far as Osteology and Histology; the elements of Materia Medica, Physics, General Chemistry; Elements of Physiology, Principles of Medicine, Medical Terminology, and the Dissection of one section during the session.

Students of the first year's study will be examined upon General Chemistry, Qualitative Analysis, Osteology Syndesmology, Normal Histology, Physiological Chemistry, Nutritive Functions, and the general properties of drugs. Failing in any special branch to obtain the required per cent., the same study must be pursued in the next grade.

2. **The Sophomore Course** will embrace Human Anatomy, General Pathology and Pathological Anatomy, Microscopy, Surgical Principles and Surgical Pathology, Organic Chemistry and Toxicology, Materia Medica and Therapeutics, Physiology and Dissections.

The Sophomore student will be examined on Descriptive and Practical Anatomy, Organic Chemistry, Urinology, Specific Qualities of Drugs, General Therapeutics, Surgical Principles and minor details, Physiology of the Nervous and Lymphatic Systems, Embryology, Mechanical Microscopy; and work in the laboratories will be insisted upon in this year's work especially.

The Junior, or Middle Class, will embrace Inorganic Chemistry and Toxicology, Special Pathology, Surgical Pathology, Orthopedics, Fractures and Dislocations, Diag-

nosis, Practice of Medicine,* Hygiene,* Diseases of Women and Children,* Physical Diagnosis,* General and Regional Anatomy,* Bacteriology, Materia Medica and Therapeutics, Obstetrics,* Medical Jurisprudence, Dermatology and Venereal,* Electro-Therapeutics, Nervous Diseases,* Principles of Medicine, Ophthalmology and Otology,* Clinics,* Genito-Urinary Diseases,* Physiology, advanced and final, Dissections.*

Examinations of the Junior class will be made on Materia Medica and Therapeutics, General and Regional Anatomy, Electro-Therapeutics, Inorganic Chemistry, Laboratory Investigations, Toxicology, Advanced Physiology, Surgical Diseases, Fractures and Dislocations, and principles of Medicine.

4. **The Senior Year's Work** will be largely Clinical, on Practice of Medicine, Operative Surgery, Obstetrics, Gynæcology, Genito-Urinary Diseases, Bacteriology, Ophthalmology and Otology, Diseases of the Chest and Throat, Diseases of Women and Children, Diseases of the Mind and Nervous System, Hospital Clinics and Dissections.

The final examination will be made on Diseases of Children, Hygiene, Gynæcology, Obstetrics, Surgical Anatomy, Dermatology and Venereal, Bacteriology, Ophthalmology and Otology, Operative Surgery, Practice of Medicine, Physical Diagnosis, Medical Jurisprudence, Nervous and Mental Diseases, and all other branches not having obtained the required per cent.

(Students having passed in Third Year are exempt). This examination will be highly practical.

No degrees will be conferred without the required per cent. in the final examination.

Every student will receive a ticket according to the year in which he is working and he is earnestly requested to receive his grades on that ticket before going to his home, and a record of the same will be made on the college books.

*Carried over to Fourth Year's study.

METHODS OF INSTRUCTION.

Instruction is given in this College by means of Recitations, Lectures, Demonstrations, Laboratory Work, Quizzes and Clinics.

Laboratory instruction is given in Chemistry, Histology, Pathological Histology, Clinical Medicine, Pharmacy and Bacteriology.

The time of the student is about equally divided between laboratory work and clinics, on the one hand, and lectures and recitations on the other. The work of each year is complete of itself, so that when a student has passed his examinations in certain departments he has gotten these off at the time, and is ready for another special department.

Materia Medica and Therapeutics embrace a wide range in this College, including both the old and the new. Classification is taught and brought within the scope of the student's knowledge. *Direct* or *Specific* Medication is taught as understood and practiced by eclectic physicians. The different therapeutical laws are explained. Clinics are used for the demonstration of the effects of the drugs. Crude drugs and botanical specimens are brought from a well supplied cabinet, and special instruction is given on the physiological action of drugs. The art of prescribing will have special attention.

Principles and Practice of Medicine. The regular course in this department embraces a thorough study of the principles and practice of medicine and the intelligent application of the methods of practice, based upon the principle of SPECIFIC DIAGNOSIS. The course also embraces a comprehensive study of symptomatology and diagnosis, with reference to distinct pathological or morbid changes in the tissues, as evidenced by symptoms, or the outward expressions of disease according to orthodox nosology.

In other words, the student is instructed in both the analytic and synthetic methods of diagnosis; in the analytic for the purpose of prescribing an intelligent and positive treatment; in the synthetic that he may be able to group the symptoms and name the disease. In addition to the course of lectures, the student must pursue a systematic study of the subject by the aid of text-books selected for him by the American Medical College. To the above is added an excellent opportunity for clinical instruction, both in the college clinic and at the City Hospital to which the student has access, and he is thereby brought into direct relationship with the manner and method of the practical application of means for the relief of disease.

Obstetrics.—Obstetrics will be taught in a practical manner. Illustrations will be furnished by diagrams, plates and all modern appliances. The use of forceps and all other obstetrical instruments will be shown on the manikin.

Diseases of Women.—The course on Diseases of Women will commence with the surgical anatomy of the generative organs and the methods of uterine diagnosis. The various diseases and displacements of the uterus will be illustrated by accurate drawings and models, and the recent operations in uterine surgery will be demonstrated.

Diseases of Children.—Diseases of children are considered carefully in a course of didactic lectures on the subject. The students will have the opportunity of becoming practically acquainted with the diagnosis and treatment of cases by attending the clinics.

The Principles and Practice of Surgery.—A thorough course will be given upon this important branch, including the elementary principles and surgical diseases. Students will be obliged to prepare antiseptic preparations and dressings, and to become thoroughly familiar with their manipulations.

Fractures and dislocations will be demonstrated objectively on the skeleton and cadaver, displaying their ordinary displacements and applying proper measures of treatment.

A thorough course in Operative Surgery, including ligations, amputations, and all other operations of importance, will also be given on the cadaver.

Physical Diagnosis.—Special effort will be made to so instruct each student that he may be able to recognize the signs of every disease liable to be met with in general practice. Particular instruction will be given to familiarize the student in the use of such instruments as are necessary for precision in diagnosis. Instruction will be both didactic and clinical.

Diseases of the Nose and Throat.—These lectures are illustrated by cases, and opportunities are afforded students to familiarize themselves with the use of the laryngoscope and other instruments.

Physiology.—Physiological teaching will embrace the essentials in the phenomena of digestion, absorption, circulation, respiration, secretion, excretion and reproduction. The course will be thoroughly systematic, and will be illustrated by vivisections, charts, drawings and the use of the microscope.

Anatomy.—Since anatomy is one of the fundamental branches upon which the superstructure of a medical education must rest, the professor in this department will, by means of lectures, dissections, diagrams and frequent reviews, teach the subject in a thorough and practical manner. Surgical anatomy will receive particular attention and the finer details will be taught in the laboratory.

Dissecting Material is furnished by the Anatomical Board, who receive all cases dying friendless in the city institutions. The material is abundant.

Nervous and Mental Diseases.—There will be frequent

lectures at the college on this subject and, in addition, a course of ten clinical lectures on Mental Diseases at the City Insane Asylum.

Genito-Urinary Diseases.—In the clinic upon genito-urinary and venereal diseases, it is the aim of the professor to make the instruction as purely practical as possible. To this end, particular care will be paid to the clinical part of the course, and such patients are exhibited as will best illustrate the various diseases of the genito-urinary apparatus. Students will have an opportunity to familiarize themselves with the use of the sound, catheter and endoscope, and to observe how strictures are treated by electrolysis as well as by operative procedure.

The Eye and Ear Diseases receive their share of didactic and clinical instruction. It is proposed to make this department one of the most important clinically, and, besides, demonstrations will be made, using models and manikins for illustrating these diseases.

Diseases of the Skin and Venereal.—This department is illustrated and taught principally by charts and the abundant clinical cases. Didactic lectures are given on the Pathology and Classification.

Medic I Jurisprudence.—During each term of the course the professors on Medical Jurisprudence will conduct the trial of a number of moot cases involving the introduction of medical expert testimony, in which members of the advanced class will be called upon to act as medical witnesses.

The methods of teaching medicine and surgery have materially changed within the last few years. Clinical instruction comprises a large share of modern methods. Here the student learns practically the art of diagnosing; symptoms are made visible, and therapeutics and materia medica are brought to the test. Virtually the student is

brought into practice. The American Medical College claims superior advantages in this particular. Students of this College have access to the City Hospital. Five of its professors hold their clinic at the City Hospital alternately once a week. General diseases are in great variety and surgical operations are numerous.

The Metropolitan Hospital, 2900 Lawton Ave., is under the exclusive control of Eclectic physicians. Professor M. M. Hamlin, M. D., is the Superintendent. There are eighteen spacious rooms, and beds to accommodate thirty to forty patients. Many operations were performed here last year in the presence of the College class, and we are assured of increased facilities in the year to come.

The professors of this College have also access to St. Anthony's Hospital, the Protestant Hospital and other private institutions, where the Senior Students are taken to witness and assist in important operations.

The College Clinic.—There is a daily clinic held at the College, and all the professors holding special subjects that can be demonstrated by clinical teaching present their cases in the presence of the students.

In order to thoroughly familiarize Senior Students with the practical work of their profession, they are divided into sections to take charge of the out-patient department, so arranged under the supervision of the professors. Thus in the course of the school year the men in each section acquire practical knowledge in general medicine, general surgery, dermatology, neurology, otology, laryngology, ophthalmology, rhinology, diseases of children, diseases of infants and infant feeding, diseases of the rectum, diseases of genito-urinary tract, operative surgery, operative obstetrics, electro-therapeutics and medical technique.

The great variety of diseases that visit the College Clinic will convince any one of the benefits derived by clinical instruction in college work. As students advance special

cases are assigned to them for care and treatment. Calls are left at the College to visit out-patients, and students are allowed to attend them under the supervision of the Clinician.

Obstetrical cases are reported, and these are assigned to Seniors under the Professor of Obstetrics. These methods have proven exceedingly beneficial, giving practical work and information, so that by the time of graduation the young doctor feels that he has had some practical experience.

The College Dispensary is kept supplied with drugs of all kinds used by the different professors. and the Second, Third and Fourth Course Students have the work of dispensing in a regular and systematic order. Two at a time enter the Dispensary and hold this station for two weeks, when others take their place. This plan enables each student to familiarize himself with the appearance of each drug and to put in practice the art of prescription writing and dispensing.

Internes to City Institutions.—The Graduates of the American Medical College are permitted by the City Authorities to enter the competitive examinations for Internes in the City Hospital, the Female City Hospital, and Insane Asylum, which if secured affords one of the best opportunities in fitting the new graduate for his life's work.



AN ESTIMATE OF EXPENSES.

The expenses of a College education are subject to much variation. This College has no side issues in the form of "Special Classes" to extract funds beyond what is clearly stated in the Announcement. Hence a student can compute the usual total expenses of a course of study with a degree of accuracy.

The expense of living in St. Louis is less than in other large cities. During the past year most students have been able to reduce their board and room rent to \$16 per month. Twenty dollars a month may be looked upon as adequate for the ordinary expense of a student at this school. Good board, room, light and fuel can be secured at these figures in close proximity with the institution. Students can find unfurnished rooms, and bring such conveniences as they may need, or by clubbing together they can reduce expenses. They may learn of boarding place by writing or applying to the janitor, addressing him at the College.

Students desiring an estimate of probable expenses for a session may consider the following approximation:

	MAXIMUM.	MINIMUM.
Session Ticket.....	\$ 75 00	\$ 75 00
Dissecting, per session.....	5 00	5 00
Board, per session	120 00	72 00
Books, per session.....	50 00	15 00
Incidental expenses, per session.....	50 00	10 00
Total	\$300 00	\$177 00

Of course the above may be materially lessened by taking a scholarship-ticket, bringing books from home, and by the plan of boarding self or clubbing.

RULES OF THE COLLEGE GOVERNING THE CONDUCT AND STANDING OF STUDENTS.

1. The standing of each student in each chair will be determined by the professor or instructor in charge of the chair, and the grade will be made up from the marks received during the session in oral quizzes, written quizzes, and final term examination. If the student fails upon any branch he shall be required to repeat the study of the preceding year.

2. Students are expected to observe the general rules of decorum and orderly conduct in the lecture rooms, laboratories and halls of the College.

3. They must be regular in their attendance, and be in their seats in the lecture room at the proper time, that there may be no interruption after the entrance of the professor or lecturer.

4. Male students will not be allowed to frequent the apartments set apart for the ladies.

5. Smoking in the lecture rooms, excepting in the dissecting rooms and smoking room, will not be allowed.

6. Any student using profane language, or found frequenting saloons, or in a state of intoxication, or having in his possession spirituous liquors, will subject himself to reprimand or dismissal from College.

7. Defacing the walls or furniture in any manner is strictly prohibited.

8. All damage done to College property must be made good by the individual doing the damage.

9. All breakage, loss or destruction of apparatus in laboratories occurring through carelessness must be restored or paid for by the student.

10. Infringements of these rules will subject the student to a private reprimand; and in case of a repetition of the offence to a public reprimand or dismissal from the College, as the nature of the case may seem to require.

TEXT BOOKS.

Each student should supply himself with the necessary text-books upon every subject. He should not rely solely upon his instructor, but should supplement each lecture by a thorough study of the subject by means of written instructions as found in text-books. A selection may be made from the following list of books; the first named under each heading being preferred.

1st GRADE.

LATIN GRAMMAR—Robinson's of Medicine and Pharmacy, Crothers.
 PHYSICS—Steele.
 ANATOMY—Gray, Morris, Holden's Osteology, Nancrede.
 HISTOLOGY—Piersol, Sterling.
 LEXICON—Cleveland, Doland, Wood, Gould, Dunglison.
 PHYSIOLOGY—Stewart, Kirke, Foster.
 MATERIA MEDICA—Ellingwood, Merrill, Scudder.
 CHEMISTRY—Remsen's Laboratory Manual and Remsen's Inorganic Chemistry, Simon, Atfield.

2nd GRADE.

PRINCIPLES OF MEDICINE—Scudder, Webster.
 URINALYSIS—Purdy, Tyson, Black.
 MICROSCOPY—Gage, Wethered, Carpenter, Frey.
 MINOR SURGERY—Martin, Da Costa's Manual, Wharton.
 SURGICAL PATHOLOGY—Warren, Billroth, Paget.
 EMBRYOLOGY—Helsler, Tunis.
 THERAPEUTICS—Scudder, Ellingwood, Shumaker.

3rd GRADE.

ELECTRO-THERAPEUTICS—Bigelow, Rockwell.
 PRACTICE OF MEDICINE—Webster, Scudder, Anders.
 SURGERY, PRIN. AND PRACTICE—Da Costa, International Text Book
 GYNAECOLOGY—Skene, Reed, Kelley.
 DISEASES OF CHILDREN—Scudder, Mundy, J. Lewis Smith, Holt.
 FRACTURES AND DISLOCATIONS—Howe, Hamilton.
 OPHTHALMOLOGY—Foltz, Nettleship, Fuchs, Juler, Noyes.
 OTOTOLOGY—Dench, Buck, Roosa, Sexton.
 BACTERIOLOGY—Sternberg, Frothingham, Abbott.
 OBSTETRICS—King (Wintermute), Dorland, Williams, American Text Book, Reynolds & Newell.
 PHYSICAL DIAGNOSIS—Hudson, Loomis, Flint.
 MEDICAL JURISPRUDENCE—Hamilton, Elwell, Reese, Chapman, Herold.
 NERVOUS SYSTEM—Church and Peterson, Dercum, Gray
 LARYNGOLOGY—Bishop, Bosworth, Burnett.

4th GRADE.

OPERATIVE SURGERY—Da Costa, International Text Book, Wright.
 ORTHOPEDICS—Farnum, Moore.
 HYGIENE—Rohe, Abbott, Bergey.
 DERMATOLOGY—Van Harlingen, Jackson, Hyde, Mracek.
 SYPHILIS—Keyes, Morrow, Phillips, American Text Book.

UPON ARRIVAL IN THE CITY.

The Union Station, to which all trains arrive, will land the student five blocks east of the College or east of Jefferson Avenue. Go to the College, 407 S. Jefferson Avenue. Take an omnibus to the College, or street cars going west will transfer you to Jefferson Avenue, where another car south will take you to the College, where you will be directed to boarding, etc. Baggage may be sent to the College, and remain until a permanent place of board is obtained. Arrange with the check-master, who passes through the train nearing the city, who will re-check the baggage and deliver to the number and street. This method is cheapest, and thus you avoid those who might impose upon you.

MAIL AND MONEY SENT.

Mail may be directed to the College, care being taken to have name of College, street and number. Money may be deposited in bank, or if desired, with the Dean. Sent by express may give some trouble in identification as the office is at a distance. Drafts to parties known by the Dean may be signed over to him, and be allowed to draw for the student. Post office money order—identification can be made readily by the Dean. Checks on home banks require a small fee for collecting.

For Catalogues or further particulars, apply to

MONT. M. HAMLIN, M. D., *Dean*,

2900 Lawton Ave.

CATALOGUE OF MATRICULATES.

SESSION 1902-1903.

SENIOR CLASS.

Name.	Preceptor.	State.
Alexander, F. S.	Dr. F. R. Calkins	New York.
Billenkamp, S.	Dr. H. H. Helbing	Missouri.
Brockman, J. A.	Dr. H. H. Brockman	Missouri.
Bean, O. W.	Practitioner	Oregon.
Barnes, W. E.	American Medical College	Illinois.
Barnes, F. E.	American Medical College	Illinois.
Bates, L. V.	American Medical College	Missouri.
Cochran, Chas. E.	Dr. E. Younkin	Missouri.
Donovan, Rose C.	Dr. Otto Sutter	Missouri.
Fisher, W. N.	Practitioner	Ind. Ter'y.
Gilleland, J. L.	American Medical College	Missouri.
*Guhman, Elsie	American Medical College	Missouri.
Harman, Wm. R.	Dr. J. T. Evans	Missouri.
Kittredge, Ida F.	Dr. E. Younkin	Missouri.
Krapf, G. E.	Dr. T. J. Bluthardt	Missouri.
Meredith, O. O.	Dr. S. G. Meredith	Missouri.
Myers, O. A.	Dr. C. H. Jones	Missouri.
Nehl, Chas. W.	Dr. O. L. Morey	Missouri.
Pruett, D. S.	Dr. J. W. Pruett	Tennessee.
Reed, B. H.	Dr. S. R. Berg	Iowa.
Swanson, Marie	Dr. T. J. Bluthardt	Missouri.
Tucker C. A.	Dr. J. T. Evans	Missouri.

Total, 22.

JUNIOR CLASS.

Arndt, Eliza	Dr. Wm. F. Francis	Missouri.
Arndt, E. J.	Dr. Wm. F. Francis	Missouri.
Beamer, Katy	Dr. S. M. Scheel	Illinois.
Duckworth, W. P.	Dr. T. O. Duckworth	Missouri.
Duren, V. E.	Dr. J. M. Rector	Arkansas.
Hampton, K. P.	Dr. G. Speer	Oklahoma.
Lippert, J.	Dr. L. J. Linder	Illinois.
O'Bannon, A.	Dr. C. H. Jones	Missouri.
Standlee, John B.	Dr. E. Lee Standlee	Texas.
Sanford L. H.	American Medical College	Missouri.
Short, L. L.	Dr. C. S. Glover	Missouri.
Smith, D. A.	Dr. D. W. Dunn	Illinois.

Deceased.

Tremain, Geo. W.	Dr. E. Younkin	Missouri.
Waters J. T.	Dr. J. L. Kerrell	Illinois.
Zenor, E. H.	Dr. J. H. Woodward	Missouri.
Total, 15.		

SOPHOMORE CLASS.

Carnett, W. W.	Dr. C. S. Glover	Missouri.
Dodge, S. T.	American Medical College	Illinois.
Fisher, A. L.	Dr. F. Fisher	Illinois.
Giberson, Oria O.	Dr. J. F. Gary	Illinois.
Hamlin, Clyde W.	Dr. M. M. Hamlin	Missouri.
Hill, E. E.	Dr. Thos. Haggerty	Illinois.
Kenney, John M.	Dr. M. M. Hamlin	Missouri.
Lewis, E.	Dr. J. W. Lewis	Arkansas.
Mitchell, O. T.	Dr. P. H. Mitchell	Arkansas.
Morton, Robt. F.	Dr. Robt. S. Wishard	Arkansas.
Price, J. T.	American Medical College	Missouri.
Reed, Chas. W.	Dr. A. H. Chaffee	Missouri.
Stockfleth, P. H.	Dr. W. A. Smith	Missouri.
Smith, H. A.	American Medical College	Missouri.
Simpson, J. A.	Dr. H. C. Simpson	Illinois.
Tracewell, George	Dr. M. M. Hamlin	Missouri.
Total, 16.		

FRESHMAN CLASS.

Amos, O. E.	Dr. C. S. Glover	Missouri.
Ashley, Jno.	Practitioner	Missouri.
Brockman, Wm. H.	Dr. H. H. Brockman	Missouri.
Frederic, Joseph	American Medical College	Pa.
Granau, Geo. H.	Dr. J. C. Powers	Iowa.
Hilburn, J. F.	Dr. Albert O. Bannon	Missouri.
Hinkle, J. B.	Dr. J. W. C. Hinkle	Arkansas.
Jeringen, A. W.	Dr. J. W. Tibbels	Arkansas.
Jones, Edw. E.	Dr. C. H. Jones	Missouri.
Laman, G. F.	Dr. J. P. McGee	Arkansas.
Laman, L. R.	Dr. Will Ball	Arkansas.
Lanman, T. B.	American Medical College	Ind. Ter'y.
Munger, C. H.	Dr. J. T. Evans	Missouri.
Pevatt, I. H.	Practitioner	Arkansas.
Powers, Mrs. J. C.	American Medical College	Iowa.
Rutledge, G. H.	Dr. C. E. Cochran	Pa.
Smith, Glen J.	Dr. T. J. Tabor	Louisiana.
Stevens, Chris.	Dr. C. S. Glover	Missouri.

Upshaw, Florence.....	Dr. I. W. Upshaw.....	Missouri.
Veninga, F. W.....	Dr. E. E. Linder.....	Missouri.
Wagner, Jno. A. F.....	Dr. A. F. Wagner.....	Arkansas.
Walter, Flora.....	Dr. E. O. Beck.....	Missouri.
Waters, L. D.....	Dr. J. F. Waters.....	Illinois.
Williamson, Thos.....	Dr. M. C. Morgan.....	Illinois.
Wright, Robt.....	Dr. J. W. Love.....	Idaho.
Total, 25.		

GRADUATES.

APRIL 27, 1903.

FRANK S. ALEXANDER.....	Schenectady, N. Y.
JAMES A. BROCKMAN.....	Eldon, Mo.
SOPHIA BILLENKAMP.....	St. Louis, Mo.
W. E. BARNES.....	Ashmore, Ill.
F. E. BARNES.....	Ashmore, Ill.
CHAS. E. COCHRAN.....	St. Louis, Mo.
ROSE C. DONOVAN.....	St. Louis, Mo.
J. L. GILLELAND.....	Olean, Mo.
WM. R. HARMON.....	Marshfield, Mo.
IDA F. KITTREDGE.....	St. Louis, Mo.
GEO. E. KRAFF.....	St. Louis, Mo.
OSCAR O. MEREDITH.....	Cowgill, Mo.
ORLA A. MYERS.....	Granelton, Mo.
CHAS. W. NEHL.....	St. Louis, Mo.
DAVID S. PRUETT.....	Vaden, Tenn.
BEN H. REED.....	Haven, Iowa.
MARIE SWANSON.....	St. Louis, Mo.
C. A. TUCKER.....	Hickory Barren, Mo.

RECAPITULATION.

Seniors.....	22.	Sophomores.....	16.
Juniors.....	15.	Freshman.....	25.
Total.....			78.
Graduates.....			18



APPLICATION BLANK

— OF —

The American Medical College, St. Louis, Mo.

TO THE DEAN:

I hereby apply for admission to the _____
class of your College, basing my application upon the following state-
ment of facts which are warranted by me to be true:

My name is _____

I reside at _____ County of _____ State of _____

I received my previous education at _____

_____ School, Located at _____

I have attended _____ courses of Medical Lectures at the

_____ during the years _____ and passed the following

examinations: _____

_____ I promise to conform to your rules and regulations.

Name _____

RECOMMENDATION:

I hereby certify that _____
is known to me as a person of good moral Character, and have reason
to believe _____ he will be a good and faithful student.

_____ Signed by _____

Matriculated _____



Dear Doctor:

You can do ECLECTICISM much good if you will ascertain the names of intended medical students and send them to the Dean. We appeal to you to fill in spaces below and mail them to us at your earliest convenience.

MONT. M. HAMLIN, Dean.

[illegible]

Every Doctor

Who desires to be abreast of the times should be a reader of

The American Medical Journal,

ESTABLISHED BY

DR. GEO. C. PITZLER,

In 1873, as the organ of . . .

The American Medical College,

and in the interest of Eclecticism of the West and
Southwest. It has for contributors the ablest
writers of the Eclectic School of Medicine.

It is not *The Oldest* and *Ablest* Journal of Eclectic Medicine
published but it is equal to the best of any school.
It has 48 pages of solid reading matter each month.

PRICE, \$1.00, IN ADVANCE.

Doctor if you are not a subscriber you should send your name and
address to the editor at once for sample copy—then send us \$1.00
and we will do the rest. Subscribe now.

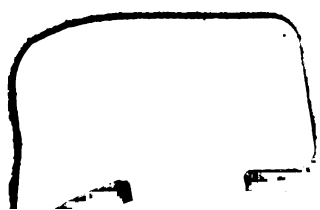
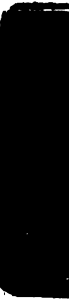
Address,

M. M. HAMLIN, M. D., Editor,

2900 Lawton Avenue, St. Louis, Mo.



410-90



3 2044 081 509 83

